A Lecture

INTRODUCTORY TO A COURSE

ON THE

PRINCIPLES AND PRACTICE OF MEDICINE.

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GENTLEMEN,—We begin to-day the usual winter course of Lectures on the Principles and Practice of Medicine—a subject of great extent and difficulty—one, too, of vast importance, which demands, and will doubtless receive, from you a large amount of time and attention. You come to the study of this great subject after having undergone a certain amount of needful preliminary training. You have already been engaged with more or less success in the investigation of the structure and composition and functions of the human body, and you have learnt something of the properties and uses of the materials which are employed as medicines. You have now to consider the complex framework of the body in its multiform states of disease and suffering and decay. Our theme here will be the causes and the symptoms and the results of disease, and the end and object of our labour is the attainment of such knowledge and practical skill as will enable us, under Providence, to prevent and to cure disease, to mitigate human suffering, and to prolong human life.

One object which I propose to myself on the present occasion is to give you some illustrations of the relation which exists between your past studies and those upon which you are now to enter, and I desire to impress upon you certain general principles which have an important bearing upon the science and practice of medicine.

My special business is to assist you to acquire such a knowledge of the diseases of the human body as will enable you to prevent and to cure them. Now it seems sufficiently obvious that the foundation for this knowledge of disease can be laid only in a practical familiarity with the structure and functions of the body in health. Without some knowledge of the construction and working of a machine made by human hands, you would scarcely undertake to repair its injuries or to correct its derangements. Neither can you hope without an adequate acquaintance with anatomy and physiology to acquire any useful knowledge of disease or practical skill in its treatment. Any supposed science of disease must of necessity be imperfect and fallacious unless it be a direct deduction from the knowledge of health. A knowledge of healthy anatomy is an essential basis for the study of morbid anatomy. A knowledge of physiology—that is, of the functions of the body in health—must come before the power of noting the morbid functions or symptoms of disease. Without a knowledge of healthy organic chemistry you cannot detect what is wrong in the chemical products of disease.

Now, I desire to impress upon you here, at the very beginning of this course of lectures, that if you intend, as I trust you all do, to be anything more than mere routine practitioners and empirics, you must be diligent and constant students of physiology. For physiology, in the true and full meaning of the term, is the science of life, whether in health or in disease. Usually the term *physiology* is restricted in its application to the science of life in health, and is used in contradistinction to the term *pathology*, which is the science of life in disease. But it is important to bear in mind that there is strictly no line of demarcation between physiology and pathology. We shall see hereafter, when we come to study the phenomena of inflammation, that the transitions from the normal processes of nutrition to those of inflammation are often so gradual that it is impossible to define their limits.

"The pleasant glow and rush of blood to the skin as we emerge from the cold bath depend on the same apparatus and the same vital endowments as determine the yet greater glow, the painful redness, and vesication, when boiling water or the poison of erysipelas is the irritant."*

* Simon's Lectures on Pathology.

When we investigate the morbid structural changes in the glands—the kidney for instance—we shall find that they occur in strict conformity with the laws which regulate the healthy structure and functions of the organ.

This gradual transition from healthy structure and function to disease will serve to show that the main laws of physiology are the laws alike of health and of disease—that the same forces are engaged in both; and though interfered with by the conditions of disease, they are not supplanted or annulled.

In a large proportion of cases we can see that the processes of disease have a beneficent design and tendency with reference to an antecedent injury or derangement which has occurred in some part of the body. Many morbid phenomena are indications of an effort to repair or to compensate for some injury which has been received, or to correct some derangement, and so to restore the diseased part or the system at large to its normal condition. If this be so—and that it is I shall have abundant opportunities of showing you hereafter,—you will readily appreciate the importance of a diligent study of the phenomena of disease, with a view to ascertain their *rationale* and their design. Without this knowledge we are in constant danger of directing our curative efforts in opposition to those of nature, to the detriment of our patient and to our own discredit.

Some familiar examples may serve to illustrate the general principle which I desire to impress upon you. In many instances we see clearly that vomiting and diarrhœa are the result of an effort to eliminate some noxious material, the retention of which within the body would be attended with serious and, perhaps, fatal consequences. Sometimes the hurtful agent has been received into the body from without, either through the lungs or the stomach. Of the first mode of entrance we have an example in the nausea and diarrhœa which occasionally result from breathing the atmosphere of the dissecting-room or the dead-house. The effects of unwholesome food or water may serve as an illustration of the second mode by which injurious substances gain admission into the body. The recent outbreak of diarrhœa and cholera in the east of London has been clearly traced to the drinking of foul water. But the noxious material may be generated within the system. You probably know that after the extirpation of both kidneys, an animal speedily dies poisoned by the urea and the other constituents of the urine which accumulate in the blood. When the kidneys are more slowly destroyed by disease in the human subject, death takes place in a similar manner from the retention of urinary excreta. The fatal event may often be warded off for a time by the administration of purgatives so as to excite a vicarious excretion of urine by the bowels. Not uncommonly, too, the patient's life may be prolonged for days by the vomiting and purging which occur spontaneously, and any injudicious attempt to check these symptoms in such cases would be as misdirected and as mischievous as the endeavour to arrest the expulsive efforts of vomiting and purging which are excited by an irritant poison introduced into the stomach.

Cough is often so troublesome and distressing a symptom that most persons are desirous to be free from the annoyance as soon as possible. In many cases we may with safety and advantage allay a cough by sedatives; but in not a few instances such a proceeding is attended with great peril. When an attack of bronchitis is associated with a copious secretion of mucus, frequent efforts of coughing are essential for the expulsion of the secretion. To arrest the cough for a few hours by an opiate would often lead to such an accumulation of mucus in the air-passages, and consequently of carbonic acid in the blood, as will induce fatal narcotism. The sufferer will have been relieved from his harassing cough, and will have fallen into the pleasant slumber for which he has been longing and praying, but his sleep will be the sleep of death. On the other hand, a patient may often be rescued from impending narcotism by a stimulating emetic, which will assist in the speedy expulsion of the accumulated mucus from the air-passages, and thus permit the free access of air to the cells.

To subdue the burning heat of the skin in scarlatina or the agonising pain of a gouty toe by cold and other repressive means would seem, *à priori*, to be a wise and wholesome proceeding; but we know from abundant experience what serious internal mischief would commonly follow such a method of treatment; and we learn, as Dr. Latham says, that, "to compare great things with small, it is not only in the art of war that an imprudent victory has been the beginning of many disasters."

Some of the best and most striking illustrations of beneficent design in morbid processes are afforded by instances of hypertrophy of muscular tissue. This tissue is so constituted that

within certain limits it will grow up to its work. It will increase in bulk and in effective strength in proportion to the demands which are made upon it; and this property is possessed both by the voluntary and by the involuntary muscles. We have equally good illustrations of it in the brawny arms of the blacksmith, and in the firm and thick muscular walls of the heart when some permanent obstacle to the onward movement of the blood has to be overcome. No one can examine the structure of the heart without being impressed with wonder and admiration at its mechanism and design. To most persons, too, it cannot but appear marvellous that structures so delicate and so complex should retain their integrity and their efficiency, as they often do, throughout the whole period of a long life. But assuredly the marvel is increased by observing the provision which is made for meeting the requirements which result from accident and disease.

One of the semilunar valves of the aorta is sometimes partially torn from its attachment by a sudden strain or fall, or one or more of the valves may be rendered inefficient by disease; the blood consequently rushes backwards from the aorta during the diastole of the ventricle with a characteristic loud rasping sound. The tendency of this regurgitation of blood is to distend and dilate the cavity of the ventricle, and to impede the onward movement of the blood from the lungs; and a fatal congestion of these organs would soon ensue if some compensatory effort were not made to counteract the mischief. The muscular walls of the ventricle now become thicker and stronger in proportion to the extra work which is imposed upon them. Thus the dilatation of the cavity is prevented or checked, and the blood is propelled onwards with additional force and speed, so as to counteract the effect of the regurgitant current. The result is that a patient with "insufficiency" of the aortic valves may go on for years with scarcely any functional disturbance of the circulation. And the physician who understands the physiology of the process by which life is thus prolonged is well aware that any attempt to diminish the hypertrophy of the heart by low diet and depletion would be quickly followed by unpleasant results; while the opposite plan of giving nutritious food and tonics is highly beneficial, by increasing the strength of the heart, and so enabling it the more effectually to overcome the impediment to the onward movement of the blood.

It must be evident on the slightest reflection that a physician or surgeon who, with a knowledge of the natural history of a disease, declines to interfere in its treatment without having a clear indication of the object to be attained and the method of accomplishing it, will apply his remedies with much more confidence and success, and with a far truer estimate of their effects, than a routine practitioner who, without definite aim or object, is continually "pouring-in" his drugs.

I must give you yet one more illustration of the power possessed by the body of adapting itself to morbid conditions. In the course of your therapeutical studies you have learnt that by the influence of habit the system becomes tolerant of certain drugs in quantities which would be very detrimental, and even fatal, to a person unaccustomed to their use. For example, the habitual consumer of opium, of tobacco, or of alcohol, will be comparatively unaffected by doses of these agents which to a novice would be destructive. This remarkable influence of habit in establishing a tolerance of large doses of certain drugs, and especially of narcotic drugs, has its analogy in some pathological phenomena to which I wish now for a moment to direct your attention.

I have before alluded to the fact that the extirpation of the kidneys of an animal is invariably and rapidly followed by formidable symptoms. Convulsions and coma quickly supervene. The animal dies narcotised by the constituents of the urine which accumulate in the blood. In the human subject we sometimes witness the same results from acute disease of the kidneys; and the danger is greater in proportion to the rapidity with which the glands become disorganised. When, on the other hand, the degenerative changes occur *slowly*, it is surprising to what an extent the disorganisation of both kidneys may proceed before any alarming symptoms of functional disturbance manifest themselves.

This remarkable state of things admits probably of a twofold explanation. Partly it depends upon the fact that when the kidney, in consequence of degenerative changes, fails in its work, that work of urinary excretion is to some extent accomplished by other organs. For the body is so constituted as that not only, in accordance with the apostolic doctrine, "when one member suffers all the members suffer with it"—not only is there sympathy between the various parts and organs, but also, in the natural body as in the spiritual and Christian body, there exists a bond of mutual help, so that the weak and suffering member receives aid from others which are comparatively strong and healthy. In accordance with this principle, the skin, the bowels, and, to some extent, probably the liver, assist in the excretion of the urinary constituents when the kidneys are rendered inefficient by disease.

But this is not the whole explanation of the fact that chronic renal disease not uncommonly reaches the stage of extreme degeneration before the occurrence of any symptoms to alarm the patient or his friends. This remarkable state of things must in part depend on the principle of *tolerance* to which I just now referred. I mean that the brain and the whole system become by degrees accustomed to a slowly-increasing contamination of the blood with urea and other urinary materials, just as by use they become tolerant of large doses of narcotic drugs.

And thus the functions of the nervous system may continue to be carried on, notwithstanding a degree of impurity of blood which if suddenly induced would at once occasion the most formidable symptoms. You will readily perceive, however, that a patient in this condition is in daily and hourly peril. He may live in calm and sunshine, but a storm will surely bring disaster and shipwreck. A slight error in diet, exposure to cold or wet, or over-fatigue, may throw an extra strain on the damaged kidney, and a fatal suppression of urine will quickly ensue.

In the course of my experience I have met with many illustrations of the state of things which I have now briefly sketched, but one of the most striking and at the same time most painfully interesting cases came under my notice not long since.

A boy at a public school was known to have had symptoms of renal disease for a period of ten or twelve years, and he had been most anxiously watched and cared for. In spite of occasional hindrances from ill-health, he had been able to work with so much success that he had attained the position of captain of the school. Then suddenly his health gave way; an indisposition which at first appeared to be little more than an ordinary bilious attack, and for which he was most judiciously and skilfully treated, was quickly followed by a scanty secretion of urine; and with this occurred the most frightful convulsions, and in a few hours fatal coma.

The pathological interest of this case, and that which constitutes its aptness for my present purpose, is this—that, notwithstanding a very advanced stage of renal degeneration, and the great degree of blood contamination which must have resulted from it, so well had this boy's brain done its work until within a few days of his death that it had made him the best classic and the best mathematician in a school of five hundred boys.

And now from cases of this kind we may draw an important practical lesson. They show us that while life is much prolonged by the power inherent in the body of adapting itself to the new conditions induced by disease, suspicion may be lulled while disease of a formidable character is making sure, though insidious, progress towards a fatal termination. They show us how uncertain and deceptive often are the functional or, as they are sometimes called, the physiological symptoms of disease, and they prepare us to appreciate at its true value the important aid to be derived from physical signs.

A careful microscopical and chemical examination of the urine will enable us to recognise, not only the *existence*, but also, in most instances with an approach to certainty, the *form* and the *stage* of renal disease under which a patient is labouring. We can thus foresee the danger in those cases in which unhappily we have little power to avert it.

Amongst the most important additions to the science of medicine which have been made within the last half century are unquestionably the various methods of *physical diagnosis* which have from time to time been introduced and rendered available. Every addition to the means by which internal diseases may be recognised and distinguished must have a real practical value.

It is too obvious to require to be insisted on that the introduction of the method of *auscultation and percussion* formed a new era in the history of diseases within the chest.

Microscopical and chemical investigations have done very much for the pathology and diagnosis of diseases of the kidney.

The *ophthalmoscope* has proved a most valuable means of examining the interior of the eye.

And now we have another addition to our means of diagnosis in the *laryngoscope*—an instrument by which we contrive to see the interior of the larynx reflected in a mirror.

I will briefly refer to some of the practical advantages which

result from the use of this small instrument. It has removed nearly all doubt and uncertainty from the diagnosis of laryngeal disease; and, by revealing the exact condition of the larynx in certain cases, it teaches us to avoid a mischievous, or at best a useless, administration of drugs.

Before you there is a specimen taken from a case in which, without the aid of the laryngoscope, we should probably have made an error of diagnosis. The man from whom this specimen was taken was at first supposed to be suffering from acute inflammation of the larynx. He had cough and dyspnœa, and his breathing was attended with the peculiar stridor indicative of obstruction in the larynx. Laryngoscopic examination showed a perfectly healthy larynx. We then suspected that an aneurism might be pressing on the recurrent nerve. A careful examination failed to discover any physical signs of aneurism. After he had been three days in hospital he suddenly began to bring up blood in large quantity; and he died in about three hours from the commencement of the hæmorrhage. An aneurism, about the size of an orange, was found at the arch of the aorta, stretching and pressing on the recurrent nerve. The aneurism had burst into the œsophagus, and the stomach was full of blood. If we had not clearly seen that the larynx was healthy we might, perhaps, have given nauseating and emetic doses of antimony to subdue an imaginary inflammation; and the vomiting thus excited might have hastened the rupture of the aneurism.

In some cases warty growths and other tumours within the larynx give rise to symptoms which have often been mistaken for those of laryngitis. The laryngoscope now makes all such cases as clear as the day; so that henceforth an indiscriminate use of antiphlogistic drugs in cases of chronic tumours within the larynx will, it is to be hoped, be very rare, as it will certainly be quite inexcusable.

But this new method of exploration does much more than teach us to avoid what is useless or mischievous. By revealing the real nature of disease within the larynx, it points often to the true remedy; and not only this, but it renders possible and easy successful methods of local treatment which, without the aid of the laryngoscope, would be impossible. We can now not only see distinctly an ulcer in the larynx, but by the aid of the mirror we can readily apply nitrate of silver or other remedies which may greatly help to heal the ulcer. Not only can we ascertain the existence of a tumour, but in fit cases, with appropriate instruments, we can remove the tumour, and with it the symptoms to which it has given rise.

On the table are specimens of tumours within the larynx, which occurred before the discovery of the laryngoscope, and which destroyed life. And here are specimens of warty growths which have been successfully removed from the living larynx.

The causes of hoarseness and aphonia are very numerous and various. The exact diagnosis of these cases and their appropriate treatment have been surprisingly facilitated by the aid of the laryngoscope. You may all learn to use this instrument if you have the will to do so. Every facility will be afforded you for acquiring this useful art.

You will find that the *thermometer* is in daily and hourly use in the wards, and you will soon perceive that accurate records of the temperature of the body in various forms and stages of disease have a high scientific interest and practical value. I trust that you have all resolved to perfect yourselves in the use of every available method of investigating disease, and so to lay the only sure foundation for rational and successful practice.

(To be concluded.)

ON THE

TREATMENT OF PULMONARY CONSUMPTION BY HYGIENE, CLIMATE, AND MEDICINE.

BY J. HENRY BENNET, M.D.

THE RESULTS OF MODERN TREATMENT.—PROGNOSIS.

(Concluded from p. 463.)

WHEN, by the combined influence of hygiene, climate, and medicine, the progress of phthisis has been arrested, crude tubercles have been absorbed or reduced to their mineral constituents, and cavities have been entirely, or all but entirely, cicatrized, it must not be supposed that the patient is well and safe. The recovery generally, always indeed, takes place through improved nutrition, and often the convalescent consumptive patient is fat and rosy, and looks healthy and well. But these looks are deceptive, the result of a life passed under the most hygienic circumstances possible, in unnatural quiet and repose. At the bottom there is still the tubercular cachexia, which reveals itself by a want of power, by lassitude, and even prostration, if the habits of invalidism are abandoned, and the sufferer once more quits the shores of the stream of life for the rapid current.

Consumptive convalescents should consider themselves invalids for years, and it is only by doing so that they can hope really to regain a firm footing in life. They may aptly compare themselves to a railway truck, "warranted to carry six tons," which after having been smashed, and then mended, painted, and varnished, looks as good as new, but is not so. It may carry two or three, or even four tons safely, but no longer the original six, under penalty of a final catastrophe.

Those who cannot, or will not, thus consider themselves invalids, despite the outer appearance of health, relapse, and then all but invariably die miserably, for nothing saves them. I have now seen many such instances. One or two winters passed in the south, and rational treatment, arrest the disease, and bring, with the improvement, delusive confidence. The patient either cannot or will not listen to advice, and goes out again to fight "the battle of life," but only to relapse, and to return to the south in a hopeless condition.

What proves that even in those in whom the progress of pulmonary tuberculosis is arrested, tubercular cachexia, or defective vital power, long remains, is the frequency with which cachectic disease of another type subsequently attacks other organs. Thus last winter (1865-6) I lost at Mentone four patients from Bright's disease, all cases of arrested consumption. In one case consumption had been arrested for ten years, in another six, in a third two, in a fourth one. They all four died with all but complete lung quiescence; serious infiltration gradually rising until it reached the lungs, and then extinguishing life.

A year or two ago, some of the Parisian friends and companions of my younger days, now men of mature experience, and occupying the most prominent positions in the Parisian medical world, gave me a dinner as I passed through Paris on my way south. After we had dined, my case was talked over, and one after the other gave the results of his experience of the treatment of phthisis. All believed in its curability; all could quote cases of arrest and cure in their practice; but one and all stated that many of these cases of arrested consumption had subsequently died of some other form of cachectic disease, and principally from albuminuria, like my four patients of last winter.

Thus, perseverance and energy are long required, not only during the course of treatment, but for years after, if a thorough recovery is to be made, or even if a prolongation of enjoyable life is to be secured. This is really one of the most trying features of the disease, even when successfully treated. If we succeed in escaping death, we must accept invalidism for a long period, perhaps for the remainder of our lives. I would remark, however, that this applies more to the middle-aged who recover from phthisis than to the young. The latter have such an amount of organic activity about them, the characteristic of early life, that if they recover completely they may, with care, and by leading a hygienic life, regain a firm hold on life.

To secure this result I often advise my young male convalescent patients to abandon, if possible, sedentary pursuits, and to turn their thoughts to out-door occupations. Our Australian and South African colonies offer valuable fields for such persons. Life in the bush, among cattle and trees, in a dry climate like those I mention, is certainly more favourable to the prolongation of life in a tubercular convalescent patient than a city counting-house. Had I myself been a younger man, I should have adopted this course. As it is, I have come as near to it as possible by becoming an "amateur horticulturist."

Foolish people have scarcely a chance of recovery—they must perish. They generally do everything that is wrong and pernicious to please their own passing whims and fancies, and often look upon the friendly physician, who tries to rescue them from death, as one to be deceived and deluded. I repeat it, such unfortunate people have scarcely a chance of recovery. They have neither the sense to follow the right course when it is pointed out to them, or to grasp the hand of fellowship and sympathy when it is held out; nor will they sacrifice pleasure, money, or ambition to the pursuit of life. Indeed, I consider a weak, vacillating, peevish tone of mind, or an inordinate

appreciation of, and clinging to, the enjoyments and possessions of life, to be as unfavourable an element of prognosis as any of those already discussed. Such mental conditions all but certainly preclude recovery, however favourable the case may otherwise be.

When I reflect on the convictions that have gradually gained ground in my mind respecting the treatment of phthisis—convictions embodied in this series of papers—I am often saddened by the thought, How are the poor to struggle successfully with such a disease? If rest from weary labours, if protection from atmospheric vicissitudes, if ample, nay, a luxurious dietary, if expensive medicines such as cod-liver oil, if change of climate, to escape winter cold and wet, are necessary, how can those who live by their daily labour—and even many above them in social rank—hope to escape from the grasp of this fell disease? Is not the battle itself for them a hopeless one?

To these questions I would answer, that, although the struggle for life cannot, most assuredly, be made with the same chance of success by the poor as by those whose position enables them to do all that is calculated to arrest disease, yet their case is by no means a hopeless one. The means of treatment that I have recommended—hygiene, climate, medicine—may be attended to at home, in our own country, in the midst of the duties and occupations of life, although in a minor degree. I have met with cases of arrested and cured phthisis in persons who have never left England, and who have never given up their social pursuits; and so have other physicians. Some of the most satisfactory and conclusive cases given in Professor Bennett's valuable work "On Pulmonary Consumption," are cases of this description.

To attain this end, however, nothing should be neglected. Unhygienic, unhealthy occupation should be given up; all the rules of hygiene to which I have alluded should be scrupulously followed; out-door occupations substituted for in-door during the summer months, if possible; and, more especially, town should be abandoned for the country as a residence, whenever feasible.

Cities exercise a mysterious attraction over the lower as well as the higher classes of mankind. It must be the feverish excitement of city life, the hope of greater social advancement; for the greater portion of the lower classes in cities live as hard or harder lives than they would if similarly engaged in the country. No doubt the vitiated air breathed in cities, in the close crowded workshops, and in the closer and still more crowded sleeping-rooms, gradually weakens the constitutional powers, and forms the principal predisposing cause of phthisis. The poor should return to their native villages, if by any means feasible, even if there they have to accept a lowlier position than that which they have attained. The younger members of the family, when attacked with phthisis, should be sent to board or work with country relatives. The country air would do them more good than all the physic they can get from hospitals and dispensaries in town, and give them a better chance of recovery. Indeed, it has often struck me that the funds of our city charitable institutions would be best employed by boarding their consumptive patients in farm-houses and agricultural villages, than in maintaining them in the wards of a city hospital. Or the hospital itself might be placed on some heathy, pine-covered moor, like the Convalescent Hospital at Walton-on-Thames; and out-patients only seen in town.

It must be well understood that I am now speaking only of *curative* treatment. If all hope of recovery has been abandoned, if the lungs are all but destroyed, and the disease cannot be arrested—if an asylum to die in is all that is required—then it is of but little avail to drive the poor patient into the country, away from home ties and home assistance. Then, when the last scene is at hand, any asylum will do to die in—the small home, with dear friends around, the city hospital, the workhouse infirmary.

The recent researches regarding nutrition, to which I have elsewhere alluded, are consolatory as regards the poor. As long as we believed that, in the scheme of nutrition, meat meant muscle and strength, fats and cereals heat only, the poor at home seemed to have but a slight chance of recovery in asthenic diseases, diseases of debility. With meat nearly a shilling a pound, how can they obtain ten shillings' worth each week? and if it is indispensable, how are they to get well without? But if, as is now stated—and, I believe, with truth—meat is principally a muscle-repairer, and the force created is in reality chiefly obtained out of the carbonaceous food, fats, and amylaceous substances, the chance of the poor is infinitely greater when "force" has to be regained. Oatmeal, or any cereal, with milk and oil or fat, will, in that case, do as well as butcher's meat, and a few shillings a week will go as far as ten.

I have certainly, throughout my professional career, remarked, as already observed, that meat-fed children, and great meat-eaters, are not stronger than other people. With children, indeed, I believe it is the reverse. The children whom I have attended, who have lived on meat, eating it three times a day—certainly not by my advice,—have not proved as strong nor as healthy as those who have lived on a more mixed dietary. Compare these town-fed children, who eat from ten to twenty shillings' worth of meat every week, with the Irish or Scotch peasant children, fed all but entirely on potatoes and milk, or oatmeal and milk. These researches also explain the disastrous effects which have, in many instances, resulted from the very nitrogenous or animalized dietary recently vaunted as a remedy for obesity.

Of course, I am well aware that the advice I now give can only be partially followed, that there ever will be persons affected with phthisis in all classes of society, by whom it must be accepted as the decree of Providence, and who must struggle with it *in situ*. But even in such cases, in the earlier stages of the disease, a curative treatment may be attempted by all, even those whose means are small, or who depend on their daily labour for their bread. In more advanced disease, likewise, a lull may be taken advantage of to make the attempt. Pulmonary consumption does not usually progress steadily, uninterruptedly; its very nature is, on the contrary, to advance *per saltum*—by jerks, as it were. When not treated, it generally remains stationary for a time; then progresses, then again remains stationary, to again progress. We may take advantage of these lulls, which represent Nature's own unaided efforts to limit and control the morbid action, in order to further hygienic treatment.

Following out this train of argument, I advise the young clerk, if able, as soon as a lull takes place, or is obtained by treatment, to give up sedentary pursuits, and turn farmer at home, in Australia, New Zealand, or the Cape. I advise the young artisan to abandon the town, and to follow his calling in the country. I advise the maid-servant or sempstress to leave the city, and to find service or work in some country place. Nearly all have country friends, who will help them in their efforts.

There was a time when, like my neighbours, in such cases, among the poor, I prescribed tonics, cod-liver oil, and a generous dietary, and thought my duty performed. Now I have learned better; I have learned to place little confidence in the curative value of mere medicinal treatment, pursued for a time, then abandoned. If the patients, whatever their class of life, remain exposed to the influences under which the disease is generated, their fate is generally sealed, whatever the treatment. Now, therefore, I try in such cases to encourage them to make family and social sacrifices which a more radical treatment of their disease entails. Family and social ties are as strong with the poor as with the rich; and the tendency is even stronger with them than with the better educated, to demand from the physician a remedy which is to cure their complaint without any change or sacrifice on their part. As I have repeatedly said in the course of this essay, no such remedy exists for pulmonary consumption, nor is it probable that it will ever be discovered.

The various cures for pulmonary consumption that are constantly brought forward, are founded on entire ignorance of the laws of general pathology. Those who are acquainted with these laws know well how utterly impossible it is for any one of the remedies proposed—for the inhalation of any medicinal substance, or of any amount of compressed air, or for any degree of forced inspiration—to cure a disease such as I have described, one of defective lowered vitality.

Nothing but an appeal to the laws that regulate the preservation and development of life can have that result. An intelligent application of those laws, as demonstrated by physiology, with the assistance of climate and rational therapeutics, may, however, be made most unquestionably the means of saving very many lives.

As I have stated in my work on Climate ("Winter in the South of Europe," 3rd edition), I am now surrounded, both at home and abroad, by a little tribe of friends and patients whose lives have been saved, like my own, by the steady application of these principles.

THE "Noble's Gazette," of Moscow, says:—"Until now, thanks to the visible protection of Providence, the cholera had nly attacked the lower classes; but at present the terrible e ourge attacks the middle classes, and even the nobility."

ON THE ENDOSCOPIC APPEARANCES OF THE URETHRA.

BY CHRISTOPHER HEATH, ESQ., F.R.C.S.,
ASSISTANT-SURGEON TO AND LECTURER ON ANATOMY AT THE WESTMINSTER HOSPITAL.

MY paper "On the Endoscope as a Means for the Diagnosis and Treatment of Urethral Disease" having served Mr. Henry Thompson as a peg on which to hang two communications to the columns of THE LANCET, I would venture a few remarks in reply.

Mr. Thompson's first communication can be dismissed in a few words, since its objects were simply to explain his long acquaintance with the endoscope; his belief that its employment would be attended with little advantage; and his preference for what he calls the *tactum eruditum*.

In his second article, however, he takes me to task for a statement respecting the contraction of the muscular fibres of the urethra, which requires a more extended notice. My statement was, "I have noticed in perfectly healthy urethras that there is a constant vermicular contraction of the wall of the canal, apparently passing towards the bladder; and this accounts for the well-known fact that foreign bodies in the urethra tend to pass in that direction." Mr. Thompson maintains that the movement, which he has also seen, "is precisely in the opposite direction; and also that foreign bodies have a strong tendency to pass outwards to the meatus, and not inwards to the bladder." In writing my paper, I recorded what I saw, or at least believed I saw; and it must be remembered that the contraction I witnessed was in the presence of a foreign body, namely, the tube of the endoscope. This contraction was *towards* the bladder, and would, as I believe, have tended to draw a foreign body, of smaller size and completely within the grasp of the canal, in the same direction. The experience of most surgeons corresponds, I believe, with my own as to the tendency of foreign bodies entirely within the urethra to travel on to the bladder; and even Mr. Thompson's own recorded experience goes the same way. In THE LANCET of Nov. 28th, 1863, he recorded a remarkable case of hair-pin in the male urethra (a case upon which I made some remarks in THE LANCET of Jan. 30th, 1864): here Mr. Dunn, who saw the patient immediately after the accident, found the pin already an inch and a half from the meatus; and Mr. Thompson, two hours after, found the pin "at least four and a half inches from it." Mr. Thompson has also recorded a case* where he removed a mass of sealing-wax from the bladder, which had been introduced into the urethra when in the form of the ordinary stick. Sir William Fergusson has recorded† a case where an entire elastic bougie, which had slipped within the urethra, found its way into the bladder, and was extracted by that gentleman with the lithotrite. Mr. Coulson removed by lateral lithotomy a piece of thermometer-tube;‡ and in a case under my own care I removed a piece of gutta-percha bougie with the lithotrite.§ Examples might be multiplied showing that the experience of a great number of surgeons contradicts Mr. Thompson's statement, but I will only refer to one more—namely, a case‖ in which Mr. Henry Smith removed, by lithotomy, a glass flower-tube from the bladder of a man who had introduced it within the urethra with a string attached to it, and where, notwithstanding this precaution and the fact that *both ends were smooth*, it travelled backwards, instead of forwards, as it ought to have done according to Mr. Thompson's theory.

No doubt the effect of the involuntary muscular fibre of the urethra is, as generally stated, to keep the canal closed, except at the *fossa navicularis*, immediately within the meatus, where the walls do *not* come in contact: this, so far from tending to eject matters from the urethra, tends rather to retain the ordinary mucous secretions within the canal; and it is only when these are greatly increased, as in gonorrhœa, that they, from force of gravity, find their way out. The ejection of the last few drops of urine depends, not on the passive contraction of the urethral fibres, but upon the sudden contraction of the *accelerator urinæ* muscle; and Mr. Thompson himself states this in his work on Stricture, which, however, perhaps does not represent his present views on the physiology of the urethra, any more than the strong recommendation of metallic instruments of a special curve contained in it does his own treatment by elastic bougies. The same may be said of the expulsion of injections and of bougies. With regard to the expulsion of fragments of stone, I am inclined to lay much greater stress upon the force of the urine washing over them than upon any muscular action whatever; and in this I am confirmed by Mr. Thompson himself, for at page 196 of his "Lithotomy and Lithotrity" he says—"Supposing, however, a fragment to have become arrested in the urethra, and the patient to be able nevertheless to relieve his bladder in a diminished stream, the pressure of the urine usually brings it forward in a few hours to the orifice."

No mention occurs of the alleged tendency of the urethra to thrust out foreign bodies in any of Mr. Thompson's published works, so far as I can ascertain; but in a letter from that gentleman on "Soluble Bougies" published in THE LANCET of July 14th, 1866, he expressly states that it is unnecessary to introduce the bougie more than two inches and a half up the urethra, for, "as the bougie dissolves, the liquefied material is slowly driven backwards (since its exit is barred in front by the plaster), and soon penetrates as far as to the bladder."

In conclusion, I may notice that Hunter, in his essay on Gonorrhœa, whilst stating that the muscular action of the urethra is principally from before backwards, says, "This action I believe is often inverted, as in spasmodic stranguries." Also that, under the head of Caruncles or Excrescences of the Urethra, he mentions "bodies rising from the surface of the urethra like granulations," thus bearing out the appearances seen with the endoscope, though, as he states, he had met with them in but two instances.

Cavendish-place, Oct. 29th, 1866.

* THE LANCET, April 30th, 1861.
† Ibid., August 22nd, 1863.
‡ Ibid., July 2nd, 1859.
§ Ibid., Dec. 6th, 1862.
‖ Ibid., July 7th, 1866.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum propriis collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

PUERPERAL CONVULSIONS, STHENIC AND PLETHORIC, WITHOUT ALBUMINURIA; GOOD RECOVERY; CHILD LIVING.

(Under the care of Dr. HALL DAVIS.)

THE following case of puerperal convulsions unaccompanied by albuminous urine, and not preceded by œdema, affords an illustration of the sthenic and plethoric form of the disease, as also of the efficacy of free depletion in its treatment. Delivery by forceps had failed to arrest the malady. The treatment adopted was in conformity with Dr. Davis's teaching in such a condition, and was judiciously carried out by the obstetric assistant at the hospital, Mr. William Draper. As most usual, the patient was a primipara. Her case is as follows:—

Mary D——, aged nineteen, a well-developed, robust, plethoric woman. Has always lived well, and never had a day's illness. Has one sister, aged fourteen, who some years ago was subject to occasional epileptic seizures.

On July 25th, 1866, Mr. Draper was called by one of the midwives to see this patient in her primiparous labour. Before his arrival she had had two fits of convulsions, in which she had bitten her tongue and foamed at the mouth, her features being much distorted. He found the patient recovering from the second attack. She was in a semi-conscious condition. Face flushed; skin hot, but moist; tongue large and red, and lacerated by teeth; head hot; pupils rather contracted; pulse 120, full, and with difficulty compressible. Occasional slight muscular spasm. The child's head being at the pelvic outlet, where the midwife said it had been for about two hours and a

half, Mr. Draper applied the forceps, and delivered a fine male child alive; it was slightly asphyxiated, but was quickly restored. The placenta was expelled in about twenty minutes, with only the usual discharge of blood, and the patient appeared quiet and comfortable. In three-quarters of an hour the convulsions returned, the paroxysms being more severe than before. Mr. Draper, having secured the tongue from injury, ordered sinapisms to the back of the neck and to the calves, cold to the head, and a powder containing five grains of calomel and twenty grains of jalap on the return of power of swallowing; also the following draught every hour: half a grain of tartar emetic, ten grains of nitrate of potash, twenty grains of potassio-tartrate of soda, and one ounce of camphor mixture. The greater part of the powder was brought up again. After this treatment the patient remained tolerably quiet for about two hours, when she had a second relapse, the fits being more violent and recurring more rapidly than hitherto, and she remained quite unconscious between the paroxysms. The face, as before, was flushed; respiration hurried and short; pulse 120–30, hard. As there was no albumen of consequence in the urine, about twenty-five ounces of blood were taken in a full stream from the arm. The pulse then became soft and compressible, and the patient shortly became conscious. She was now ordered five grains of calomel and one drop of croton oil; the above saline mixture to be continued. After this the patient had no return of the fits, slept moderately well during the night, and made a good recovery.

Such was the treatment indicated and pursued in the above case. But examples of puerperal convulsions occur from time time in which, on account of the feeble condition of the patient, the practice of bloodletting is contra-indicated. In these the convulsions are satisfactorily treated by chloroform, its anæsthetic and sedative action being kept up so long as the disposition to their return shall continue, the bowels at the same time being properly cleared out by an efficient enema and a purge containing three or four grains of calomel. Should the patient not have been delivered, the relaxation of resisting tissues which chloroform induces will be a gain in the labour, and render delivery by the forceps, should it become necessary, sooner possible. As illustrations of the above remarks, the following two cases, which have recently occurred to Dr. Davis, may be quoted from his notes.

One was a primipara of about twenty-seven, not a plethoric subject. She had had before delivery much œdema of the ankles, of the hands, and also of the face in the morning. The urine was ascertained, by heat and nitric acid, to contain a large quantity of albumen. The os uteri was of about the size of a half-crown. Many paroxysms had occurred. Chloroform was exhibited and kept up for the necessary period. The convulsions were quickly subdued, the soft parts dilated rapidly, and an early delivery by the forceps of a living child was the result.

Another case of puerperal convulsions contra-indicating the treatment by bloodletting was that of a lady who had had four or five children. She was unhealthily fat, and of a highly nervous temperament. The disease came on some days after a natural delivery, and was consequent upon a mental shock. She had severely bitten her tongue before assistance was obtained. The urine exhibited no albumen. Violent convulsions were recurring at short intervals. Chloroform, given at each threatening of a paroxysm, was resorted to during about seven hours, the bowels being at the same time freely purged by aperients. With a little necessary care in regard to diet and due action of the bowels for a few days, this patient did well.

WESTMINSTER HOSPITAL.

TWO CASES OF ACUTE RHEUMATISM, WITH CARDIAC AFFECTION.

(Under the care of Dr. RADCLIFFE and Dr. BASHAM.)

THE good effects resulting from judicious stimulation in heart complications of rheumatic fever are well shown in the following cases, for notes of which we are indebted to Dr. Maclure, registrar:—

Ann H——, aged thirty-seven, was admitted on the 14th of May, having had rheumatic fever for twelve days. Her ankles, knees, and wrists were red, swollen, and painful; and she had profuse acid perspirations, with considerable fever. She was ordered a pill with a quarter of a grain of opium every six hours, and a draught containing half a drachm of bicarbonate of potash and ten grains of nitrate of potash in an ounce of camphor mixture every four hours; beef-tea and milk.

On the next day she complained, in addition to the other symptoms, of sharp pain in the left side, with dry cough and dyspnœa. Respiration 36; pulse 120, small and weak. A loud friction sound was audible over the cardiac region, but no endocardial murmurs. A blister was applied over the heart, and the pills and saline draught continued.

May 16th.—She had passed a restless night, and the cough and dyspnœa were much increased. She was obliged to sit up in bed. The face and lips were blue, and there was great anxiety and distress. Respiration 40; pulse 112; the skin moist, and the bowels confined. She was ordered two eggs and coffee in addition to the beef-tea and milk, and half a drachm of sulphate of magnesia with ten minims of Battley's sedative solution in one ounce of acetate of ammonia mixture every three hours; sherry wine, six ounces.

On the 17th and 18th she remained much the same. Her nights were restless, with delirium, and there was extreme dyspnœa with much cough. The friction sound was no longer distinct, and the heart's sounds were muffled. Loud bronchial râles were heard all over the chest; pulse 130, weak; the bowels open.

19th.—Being no better, she was ordered six ounces of brandy instead of the wine, and a draught containing five grains of carbonate of ammonia and thirty minims of sulphuric ether in one ounce of camphor mixture every three hours.

21st.—She was better, having had quieter nights, and the breathing was much easier. The cough was less frequent and more loose; the bronchial râles less loud; pulse 100, weak; the joints were free from pain. The same medicines were continued.

From this time she gradually improved. She slept better, and had only occasionally some attacks of dyspnœa. On the 31st she was so much better that the sulphuric ether and ammonia were discontinued, and she was ordered a grain of quinine three times a day. The friction sound did not reappear, and the respiration became natural.

She was discharged recovered on the 10th of July.

Sarah B——, a pale, delicate-looking young woman, aged seventeen, was admitted on the 16th of August, under the care of Dr. Basham. She had had rigors on the 13th, followed by pain and swelling of the elbow and knee joints, and fever. This was the third time she had suffered from rheumatic fever, and the heart had been affected in one of the previous attacks. On admission, the pulse was 90, full and sharp; the skin hot and dry; and the tongue furred. On examining the heart a loud systolic murmur, most distinct at the apex, was heard; but its action was regular, and there were no signs of recent pericarditis. She was ordered ten grains of Dover's powder at night; and a draught, containing twenty grains of nitrate of potash, every four hours.

The patient complained on the 20th of dyspnœa and faintness, which came on during the previous night. There was some tenderness about the intercostal spaces over the heart, its action was very tumultuous, and the sounds less distinct than they were, without any alteration in the murmur; pulse 108; respiration 42, short and catching; bowels open; tongue furred, but moist. A large, hot linseed poultice was ordered to be applied to the chest, and changed frequently. The Dover's powder and the saline draught were continued.

She was worse on the 21st. There was much dyspnœa, the respirations being 50 in a minute, with a rapid pulse; tongue furred; skin perspiring; countenance anxious; action of the heart violent, with diminished impulse; no fresh murmurs. She was ordered to take five grains of Dover's powder every four hours; six ounces of wine; beef-tea and milk.

On the 22nd she passed a restless night, and the dyspnœa continued, with lividity of the countenance; respiration 70; pulse 120, and more steady; urine scanty, and high-coloured; bowels open; temperature of the axilla 100·2. She was ordered twelve ounces of wine, and a draught, containing fifteen minims of sulphuric ether and three grains of carbonate of ammonia in an ounce of camphor mixture, every four hours.

24th.—She was better; had had some sleep, and the face was less livid and anxious. Pulse 118; respiration 60; temperature 99°.

26th.—Aspect much improved; breathing easy; respiration 36; pulse 100. The tongue was cleaning, and she had slept well. Up to this time her distress was too great to admit of a satisfactory examination of the chest, but to-day the left side was found to be dull posteriorly, with bronchial breathing, mixed with fine crepitation; and there was some bronchophony. On the right side the sounds were healthy. The heart's action was more tranquil. There was some dry cough.

28th.—Breathing continued comparatively easy; respiration

30; pulse 100. The respiration on the left side was tubular, with bronchophony, but there was no crepitation. Bowels open; temperature 100°.

Sept. 1st.—Being in every way better, the medicine was changed, and she was ordered a draught containing ten minims of tincture of sesquichloride of iron three times a day.

10th.—The vesicular murmur was natural on both sides, and the breathing easy. She complained chiefly of weakness.

On the 18th she was convalescent.

ST. THOMAS'S HOSPITAL.

CASE OF SEPARATION OF EPIPHYSIS OF CLAVICLE.

(Under the care of Mr. LE GROS CLARK.)

THE mode in which the injury was produced constitutes the interesting feature of this case. There was no evidence whatever of passive violence being offered to the bone, either directly or indirectly, and, therefore, the conclusion is that the accident resulted from violent muscular action during the efforts which the patient was making in performing his gymnastic feat.

C. R——, aged eighteen, a gymnast, was performing on the trapeze, and whilst hanging by his toes and trying to draw his body between his legs, he felt something give way on the left side of his neck. No blow was received. On June 22nd, when admitted, the injury was diagnosed as one of dislocation of the clavicle at its sternal end. Unavailing attempts were made to reduce the bone to its normal position. When seen by Mr. Le Gros Clark, the swelling had somewhat abated, and he ascertained that the injury was a fracture or separation of the epiphysis of the clavicle from the shaft of the bone. The inner extremity of the shaft rested upon the sternal end of the bone, which still occupied its normal position in relation to the sternum. The case was treated as one of ordinary fracture of the clavicle.

INJURY TO THE ABDOMEN.

J. M——, aged thirty-eight, admitted on June 22nd, having fallen from a scaffold forty feet high. He was perfectly insensible at first, but on arrival at the hospital he had recovered consciousness, though he remained in a state of collapse. Several of the lower ribs on the left side, as well as the scapula, were found to be broken. Warmth was applied, but no stimulus was given. About three hours after admission, when reaction came on, he began to complain of pain deep in the splenic region, which was relieved in a measure by pressure. This increased until the patient rolled about in agony. He passed two pints of bloody urine, of a dark-claret colour. A grain of opium was ordered by the house-surgeon; and, in addition to this, forty minims of the solution of morphine were given by a mistake of the nurse. Still no relief was obtained, though the pulse and temperature improved. One-grain doses of opium were continued through the night, at intervals of two hours, when the pain began to abate; and after its continuance at longer intervals through the following day, the pain entirely ceased, and the urine was no longer coloured with blood. From that time he went on uninterruptedly well.

Where was this pain located, and to what is it to be assigned?

Provincial Hospital Reports.

SWANSEA INFIRMARY.

TWO CASES OF STRICTURE TREATED BY HOLT'S DILATOR.

(Under the care of Mr. DAVIES.)

FOR notes of the following cases we are indebted to Mr. G. Mowat, house-surgeon.

CASE 1.—J. J——, aged thirty-six, a labourer, admitted Nov. 28th, 1865, with retention of urine. Before his admission an unsuccessful attempt was made to pass a catheter; immediately after he was admitted he had a severe rigor. Ordered a warm bath and a full dose of opium. About eleven P.M. he was able to pass a small quantity of urine in drops. It was decided not to attempt the introduction of an instrument at that time.

About twenty years ago he had an attack of gonorrhœa, which, he says, was cured in a fortnight. Three or four years afterwards he first noticed a difficulty in passing his urine, and that the size of the stream was getting smaller. Soon after this he went to Constantinople, where he got good employment in the arsenal, and drank very freely. After a series of debauches he found so much difficulty in emptying his bladder that he was unable to work, and came home to Greenock in a very bad state of health. He was immediately admitted into the infirmary of that town. Several unsuccessful attempts were then made to pass an instrument, and the only way he could void any urine at all was by standing in front of a fire. At the end of six weeks No. 2 was passed, and No. 5 when he was discharged three weeks afterwards. He then went to Edinburgh, and was admitted into the Royal Infirmary under the care of Prof. Syme, who passed No. 5 at once; but he still continued to void his urine in drops. Four days after admission the strictures were divided externally in the perineum by an incision about an inch and a half in length. A catheter was retained in the bladder for a week; the wound healed in a week more; and he was discharged after five weeks' residence, when he could empty his bladder in as full a stream as ever. He abstained from drink for about three years, when he broke out again, and, the old symptoms returning, he was readmitted into the Edinburgh Infirmary, where he remained eleven or twelve weeks. Gradual dilatation was resorted to, and No. 12 could be passed when he was discharged. He continued to micturate in a full-sized stream until about five months since, when, as he was at work, he fell with his perineum across the edge of a plank. After this he passed blood and pus, and retention came on. He came to Swansea to obtain work, and was admitted as described.

Dec. 1st.—Several attempts have been made to pass a catheter, but the instrument gets between the bladder and the rectum. As the man can empty his bladder in a small stream, it was decided not to make another attempt for a few days.

Jan. 18th.—Mr. Davies passed Holt's dilator with ease. Chloroform was then administered, and the stricture split. No. 10 catheter was then passed, the bladder emptied, and the patient put to bed. A full dose of opium was administered; subsequently he had a warm bath.—Ten P.M.: No rigor; no pain.

19th.—Slept well; passed urine twice in the night in a stream; no unfavourable symptoms. Ordered an aperient.

20th.—Urine passes in a very small stream. No. 8 passed.

21st.—Complains of pain in voiding urine. None at any other time.

22nd.—Stream continues small. No. 8 passed.

25th.—Stream very small indeed. No. 8 gum-elastic passed and fastened in the bladder.

27th.—Slight shivering and feverishness. Catheter withdrawn. Some purulent discharge from urethra.

28th.—Urine passes in a full-sized stream. No instrument passed.

29th.—Stream less in size; pain and discharge continue.

Feb. 1st.—No. 8 passed easily.

3rd.—Nos. 8 and 9 passed.

6th.—Nos. 8, 9, and 12 passed.

10th.—No. 10 passed. Discharged. Made out-patient.

15th.—No. 10 passed.

27th.—No. 10 passed easily.

March 6th.—Says he passes a good stream. Nos. 10 and 11 passed.

21st.—Stream rather smaller. No. 10 passed.

25th.—Nos. 10 and 11 passed.

CASE 2.—T. P——, plasterer, aged twenty-eight, admitted Sept. 21st, 1864, suffering from retention of urine. A warm bath was given immediately, and No. 3 passed with difficulty.

About three years ago he suffered from gonorrhœa, since which he has noticed his stream of urine gradually decreasing in size. Says that about twelve months ago he was obliged to have a catheter passed twice in order to relieve retention.

Sept. 22nd.—Mr. Davies passed Holt's dilator and split the stricture. No. 12 catheter was immediately passed, and the bladder emptied. Chloroform was not administered. During the day the patient suffered a good deal of pain, which was relieved by opium and a warm bath.

23rd.—Has slept. Not much pain; no rigor. Urine passes in a small stream only.

24th.—No. 10 passed easily. As he appeared perfectly well, he was allowed to leave the infirmary, on his promising to attend the out-patients' room when required.

26th.—No. 10 passed. He neglected to attend after this date.

March 22nd, 1866.—He was met accidentally to-day, and, on being questioned, stated that he now passes his urine in a large stream, and has not experienced the least difficulty since leaving the infirmary.

Reviews and Notices of Books.

Lectures on Diseases of the Eye. Part I. Referring principally to those Affections requiring the Aid of the Ophthalmoscope for their Diagnosis. By N. C. MACNAMARA, Surgeon and Professor of Ophthalmic Surgery, Calcutta. London: Churchill. 1866.

A Guide to the Practical Study of Diseases of the Eye. By JAMES DIXON. Third Edition. Churchill. 1866.

Handy Book of Ophthalmic Practice. By J. Z. LAURENCE and R. C. MOON. London: Hardwicke. 1866.

An Introduction to the Study of the Optical Defects of the Eye, and their Treatment by the Scientific Use of Spectacles. By N. M. ROSEBURGH, M.D., Toronto.

Recent Advances in Ophthalmic Surgery. The Roylston Prize Essay for 1865. By H. W. WILLIAMS, M.D. Boston: Ticknor and Fields. 1866.

A Case of Staphyloma Posticum with Hypermetropia. By J. S. STREATFEILD. Churchill. 1866.

On Abscess and Tumour of the Orbit. Part I. By SPENCER WATSON, F.R.C.S. London: Lewis.

THE rapidity with which books on ophthalmic art and science collect upon the table of the medical reader bears testimony to the industry, the earnestness, and—looking to the excellence of the treatises and monographs now before us—we may add, the ability of the many practitioners who are following day by day the advances which the masters in the art have made, by the aid of improved instruments and the skilful application of the higher mathematics. Bowman, Kölliker, Hannover, and Schweigger with the microscope; Helmholtz, Von Graefe, and Liebreich with the ophthalmoscope; Donders, Von Graefe, Knapp, and Giraud-Teulon with instruments and calculations not less remarkable for their ingenuity than for their happy combination of abstract scientific merit with excellent neatness of application to physiological and pathological conditions, have thrown a flood of light upon the normal functions and powers of the eye and its most secret changes in disease. The more practical labours of Bowman, Critchett, Dixon, and White Cooper in surgical procedures, happily crowning the researches of their German contemporaries, have given to England the right to claim its own wonted position in the vanguard of ophthalmic professors. The younger school of English ophthalmic surgeons—earnest, highly informed, and laborious—show by their frequent contributions to practice and to science that in their turn they will be fully able to sustain the reputation, which is now historic in this country, of combining the highest possible practical skill and success in operation with a thorough recognition of the value of abstract scientific research.

The treatises of Hulke, Soelberg Wells, Laurence, and Carter have already afforded to the British medical practitioner the means of appreciating both the theory and practice of ophthalmoscopy, and the treatment of the anomalies and disorders of refraction by the scientific use of spectacles. Dr. Williams' essay will afford another opportunity of travelling over this ground, with a companion who passes with a lighter step, and tells his story in more flowing language and with more attractive skill, than either of those gentlemen. But it is rather a glimpse which he affords than an insight; and this belongs to that class of introductions which leads to a superficial acquaintance, and will require to be followed by larger and more serious interviews before any true or intimate knowledge is attained. The greater part of this essay is a clear recapitulation of what is already known to advanced ophthalmic students, but by no means so well understood as it should be by practitioners or students generally. A novelty in Dr. Williams' work is the recommendation of suture of the cornea after extraction of cataract. He says that he has performed it in a considerable number of cases (the number should have been stated), "and thus far with considerable success." After careful observation of the results obtained, he can advocate this method as possessing numerous and important advantages. For effecting the suture he prefers—

"A straight needle, only a quarter of an inch long, made by cutting off the requisite length from the head of the finest sewing needles and forming a new point. The needle is held and passed through the cornea by means of a pair of firm forceps, and the suture, formed by a single strand of silk or the finest thread, is tied, not too tightly. This is allowed to remain until it cuts itself out, which is sometimes not for several days, or even weeks; as there is danger of reopening the wound if its removal is attempted, unless during anæsthesia. From the usual intolerance of the cornea of the presence of foreign bodies, we might expect that the suture would give rise to much irritation, but such has not been the fact, as I have known it to remain *in situ* seven weeks without causing inconvenience. Every one will appreciate the immense advantages to be gained by employing such a means of insuring immediate union of the corneal wound,—if the question of tolerance be once determined in its favour. Non-union of the edges of the flap is of itself one of the great dangers following the operation; but we have thus placed it in conditions where its displacement will be prevented, its union by primary adhesion promoted, and swelling and suppuration of its border rendered most unlikely to occur. Prolapsus of the iris, another of the sequelæ we have most to fear, is rendered almost impossible. By accomplishing a more speedy restoration of the anterior chamber and retention of the aqueous humour, we escape or greatly lessen the chances of inflammation of the iris, the crystalline capsule, and the choroid. We are able to maintain dilatation of the pupil by the free use of atropia, without fearing that hernia iridis may be thereby induced,—and we thus obviate the dangers resulting from pressure of fragments of cortical lenticular substance, or of capsule, against the pupillary margin of the iris. Lastly, we are able sooner to examine the eye with safety, and satisfy ourselves as to its condition, and, if necessary, to institute measures to combat any threatening symptom in its incipient stage."

Professor Macnamara has produced a volume of lectures which are in many respects highly creditable. He has had long practice with the ophthalmoscope, and has observed with industry and depicted with care the pathological changes within the eyeball. We cannot but regret, however, that he has not more boldly grappled with the unsettled points, and has expended his powers in illustrating anew the more commonly and fully illustrated forms of disease. We have, perhaps, the less reason to complain of this as he announces at the first his intention of "avoiding debatable points, and restricting his remarks to typical forms of disease;" but what we chiefly regret is that when the author approaches parts of his subject which are not so much debatable as insufficiently worked out at present, and towards the solution of which he must in his time have accumulated valuable clinical material, he turns aside, and adds nothing from his store. Thus it is very provoking in a treatise of this kind to meet with such a paragraph as the following:—

"I have before stated that atrophy of the papilla may arise from repeated attacks of optic neuritis, but this is by no means the only or even the most common cause of atrophy. Retinitis, by involving the optic disc, may occasion it; and abnormal formations pressing on the nervous or vascular supply of the papilla are likely to give rise to fatty degeneration, and consequent wasting of its fibres; or syphilitic inflammations of the sheaths of the vessels in the cavernous sinus, or of the fibrous sheath of the optic nerve, may induce the same result. Lastly, pathological changes in the nervous elements throughout any portion of the optic tract or its connexions may give rise to atrophy. It would be quite beyond my present purpose to enter upon the consideration of these various affections; many of them will be incidentally mentioned in my subsequent lectures, but any further consideration of this part of my subject would lead me into the mazes of diseases of the brain, which, no doubt, the professor of medicine has already made clear to you. All the knowledge you possess upon these points will frequently be taxed to the uttermost, to enable you to discover

the nature of the various cases of atrophy of the disc which you will meet with, more particularly if one disc only is diseased."

Thus in a sentence is passed over a whole volume of clinical experience which we should be glad to have unfolded. It is perfectly certain that their "professor of medicine" will not have made clear to them the relations of affections of the brain to varieties of optic neuritis and retinal disease. This is just one of the subjects which most requires and will best repay study. After three years' hard clinical work at this particular point, we are ourselves still very much involved in the maze of which Professor Macnamara speaks; and, even with the help of comparison of our own notes with the valuable recent labours of Bouchut, Galezowski, and Hughlings Jackson, are still unable to pretend to that clear diagnostic interpretation of the relation of retinal, vascular, and neural changes in the eye to constitutional and cerebral conditions, or that facility for etiological induction which, it may be hoped, the ophthalmoscope will presently enable us to command and to place at the service of medical practitioners. Ordinary visual affections, as such, have been very profoundly, though certainly not yet completely, studied; and, to our mind, the most useful direction for ophthalmic advance at this moment is in developing the power of the ophthalmoscope to throw light upon the collateral affections of the brain, nervous system, bloodvessels, and internal organs, met with in the ordinary practice of the physician. Little has yet been done, and that little has not been systematized.

Professor Macnamara confirms from his Indian experience the accuracy of Mr. Jonathan Hutchinson's admirable observations on the association of notched and pegtop forms of the upper central incisors with interstitial keratitis in cases of inherited syphilis. "The barbarous practice of reclination and depression" is still in vogue in India as a means of treating cataract, and it leads to the total destruction of a number of eyes after aggravated suffering. The chapter on Diseases of the Retina is, perhaps, the most interesting in the book. "The deep colour of the choroidal epithelium forms in the native a well-marked background against which the structures anterior to it are seen projected;" so that affections of the retina may be studied with greater facility and completeness in India than in Europe. The clinical remarks upon cases of hyperæmia of the retina with sub-retinal effusion, from *malaria*, are very interesting. We have seen more than one distinctly marked instance of neglected retinal detachment from India, and this chapter is well worthy of study. Mr. Macnamara has in one case, which he describes, successfully operated on both eyes with needles, as Graefe and others have done, tearing through the retina, permitting the sub-retinal effusion to escape, and allowing the retina to regain its apposition to the choroid, and recover its function. The case is one which we should be glad to transcribe if we had space: it is recorded at pp. 138-39. The chapter on Glaucoma is not satisfactory, and the experiments detailed, bearing upon the causes of excavation of the optic nerve, are anything but convincing. The whole book is one, however, which does credit both to the abilities and the earnestness of the author, and cannot fail to be useful.

Mr. Laurence and Mr. Moon have produced a book which amply justifies its title. It is an extremely handy and well-written treatise, which supplements the larger treatises of earlier date. We have not space to analyse it here, but we may strongly recommend it.

Mr. Dixon's treatise is classical. It has qualities which will long ensure for it a continuance of the favour in which it has from the first been held, as a clear, succinct, and authoritative guide to the treatment of the diseases of the eye. Calm, thoughtful, honest, and intelligently conservative, it represents the flower of the elder school of ophthalmology. Mr. Dixon is more accomplished in the practice of the more recent departments of ophthalmology than in their theoretical elucidation, and he writes on them sparingly, and with but little relish. Yet this impairs but little the value of the work, in respect of the two-thirds of the art and science with which it professes to deal. The book has not yet been written which will supersede it, so far as it goes.

Mr. Streatfeild's monograph is the work of an accomplished observer. It gives an admirably-observed and well-related case, with a very fine illustration, and, like all the work which Mr. Streatfeild has yet done, it is sound, and will stand. We saw lately a very marked example of double crescent in hypermetropic eyes, which would form a pendant to Mr. Streatfeild's case.

Mr. Spencer Watson's pamphlet is rather dear at the money, and we fail to see that it adds much to what Demarquay and Poland had already told us on the same subject. It is carefully and intelligently compiled; but, looking to the absence of originality and the accessibility of the authorities, the *brochure* seems to us a rather superfluous addition to the pile of ophthalmic literature.

We have still on our table some foreign works on Ophthalmology, which we must reserve for a further notice.

Belgravia. A London Magazine. Conducted by M. E. BRADDON. No. I.

MISS BRADDON'S powers of composition appear to be perfectly illimitable. The best known of romance writers, she now appears as conductress of a monthly magazine, and "floats" the first number with a new story, called "Birds of Prey." When we say that so early as the second chapter the most important character "reads THE LANCET" under circumstances portending mischief to at least one of the other characters, we have hinted enough to make our readers anxious to penetrate the mystery for themselves. For our own part, we see the shadow of a coming coroner's inquest hanging over the last page. Besides Miss Braddon's romance, there is a tale with the exciting title of the "Iron Casket," and the usual complement of more or less interesting articles which go to form a magazine.

CHORLTON PAUPER HOSPITAL.

No. II.

As we have been unable, as yet, to procure all the details of information which we desire to bring together in order to illustrate the remarkable union of economy and efficiency presented by the erection of this splendid hospital at a cost of only £32,000, we propose, on the present occasion, to supplement our article of Oct. 13th. There are certain matters in respect of which the Chorlton Hospital is not yet complete; and it is important that the guardians should not suppose, from our acknowledgment of the rare energy and success with which they have, so far, carried out their plans, that we think the work which remains to be done is of trifling consequence.

It will have been noticed, in our former report, that we described all the existing wards as of *large size*. In fact these nobly planned apartments err, if anything, on the side of containing a larger number of patients than the *beau ideal* of convenient arrangements for nursing would admit of. To object seriously to the existing wards, however, would be absurdly hypercritical. But we have now to urge a most important matter. The original plan for the hospital included eight pavilions, of which, as yet, only five have been erected, and the guardians must immediately proceed to the erection of part, at least, of the remaining portion, as they absolutely must have increased accommodation for their sick. Now a part of the pressure which is just now calling for relief is caused by the numerous cases of infectious epidemic disease which present themselves for treatment. But the arrangements for parochial treatment of this kind of diseases demands

the gravest and most careful consideration. Four epidemic diseases are the principal scourges of our great towns and populous districts—typhus, scarlatina, measles, and small-pox; the last of them, of course, only occurring in occasional outbursts, as a result of the present imperfect state of public vaccination. Now we do not hesitate to say that the adaptation of pavilions, similar in size and arrangement to those now existing, to the treatment of cases of these four diseases, or, indeed, of any two of them, simultaneously, would be at once inconvenient and fraught with danger. Perfect isolation of the sufferers from each of these more infectious diseases is the first requisite. Instead, then, of devoting one or more such pavilions as now exist to the treatment of epidemic disease, it would be well to construct a small separate fever hospital, which might consist of four or five separate blocks (each with the living rooms of its special nurses attached) in which the wards should not contain more than about sixteen patients each, with an allowance of 2000 cubic feet per bed, and with such special subsidiary ventilation in each case as may be appropriate to the nature of the particular disease which is to be treated. And we should decidedly recommend that the *permanent* accommodation for fevers be on a moderate scale—i.e., should not provide for a very large number of cases. All the facts of recent observation go to prove that in populous districts the acute fevers of the poorer classes ought to be treated, as much as may be, in special hospitals *in the immediate neighbourhood of their dwellings*. It is always inconvenient, and often highly dangerous, to move fever-patients (especially sufferers from typhus) to a considerable distance; this is a point which we have heard insisted upon with great earnestness by Dr. Murchison, the senior physician of the London Fever Hospital. Therefore we counsel the guardians of Chorlton to provide small fever houses (of simple construction, but with ample cubic space, &c.) within each of the populous districts which are known to be centres of zymotic disease, and to provide in connexion with their own buildings such a small special hospital as above described, with accommodation for not more than about 100 cases in all. In the event of any sudden and unavoidable influx of fever cases nothing would be easier or more satisfactory than to increase the accommodation by building a temporary iron house, as was recently done with such rapidity and such good effect at the London Fever Hospital.

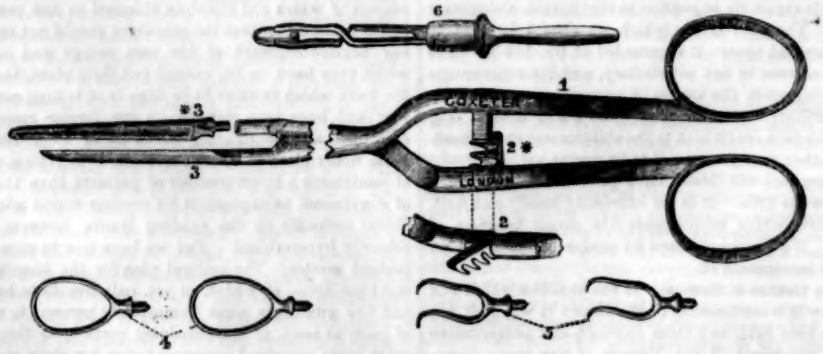
Another important matter is this. The present medical staff, as we have already stated, are worked quite to the extent of their power, and although they manage to get through the work, a relief would be very desirable. It will be imperatively necessary when this great establishment is completed, and it would be very advantageous even now, to secure the services of a resident superior medical officer, whose duties should rather consist in superintendence than in the treatment of the particular cases, although his advice would constantly be available for this purpose. The guardians will, we hope, believe us to be sincerely speaking in their interest when we say that the medical work of an immense establishment for the sick, such as Chorlton Hospital is becoming, cannot always continue to be well performed by a medical staff whose time is fully occupied with the merest necessary details of treatment. The guardians have, indeed, the advantage of receiving excellent advice from their consulting medical officer, Mr. Greaves, to whom is due the great credit of first suggesting the erection of a new hospital on the pavilion plan. But, in addition to the services of this valuable officer, it would be proper that a resident superintendent surgeon, of good qualifications and with special talents for administration and organization, should be provided, in order that the daily and hourly necessities of the hospital may be met with thorough effectiveness.

One more point which we may mention is only a matter of detail. As we have already said, we think that the guardians have acted with wise economy in securing, first of all, the indispensable matters of large cubic space, light and roomy wards, &c., and leaving such matters as the coating and colouring of the interior walls till they had time to look about them. We have now to say that, in finishing these walls, we trust that they will employ nothing but the very best materials. We have ascertained from careful inquiry that the best Parian cementing (a material which possesses the important quality of non-absorptiveness), with suitable and pleasant colouring over it, might be applied to the walls of the wards at an expense which is really trifling in comparison with the advantages which it would confer. The sooner that the guardians can afford this important sanitary luxury, assuredly the better it will be for the health of the sick inmates.

New Inventions
IN AID OF THE
PRACTICE OF MEDICINE AND SURGERY.

DR. WRIGHT'S SPECULUM FORCEPS.

THIS instrument is calculated to remedy an inconvenience often experienced in practice when a medical practitioner is summoned to a case of uterine disorder—as, for example, hæmorrhage,—without any clue as to its cause, and is therefore uncertain what instruments he may require. The neat and compact contrivance here figured resembles, as ordinarily



used, the long forceps requisite whenever the uterus has to be visually examined. Near the loop-handles is a ratched catch (2*), so that the blades may be firmly locked together as in an ordinary polypus forceps; and this catch is so contrived that it can be freed at will by turning the indented tongue as seen in Fig. 2. The blades of the instrument (3 *3) firmly grasp the caustic-holder (6), if it be required to apply nitrate of silver. These blades unscrew (*3), and may be replaced by

two polypus loops (4), or by two vulsellum hooks (5); or one of each of these may be so adjusted (as in drawing down the uterus &c.) that the tissue shall only be pierced on one side. When the points are removed, the blades of the instrument form an effective blunt-pointed long scissors. In addition to its use for uterine cases, this is a handy instrument for many purposes, such as drawing down a pile, removing a nasal polypus, &c. This forceps was devised by Dr. Henry G. Wright for use in his own practice; but we understand that Mr. Coxeter, of Grafton-street, is prepared to supply the instrument to the profession.

CLITORIDECTOMY.

To the Editor of THE LANCET.

SIR,—I trust I may now claim sufficient space in your columns to reply to the several objections which have been urged against excision of the clitoris, both in THE LANCET and elsewhere.

First of all, with a forgetfulness of physiology scarcely credible in these days, the opponents of the operation have declared that it "unsexes a woman." The objection is as old as the operation itself; and the phrase in which it has been urged, a more free translation from Aëtius, who thus expressed it: "*Hinc vero sæpe sterilitas exoritur.*" Putting aside all theory, the fact that several of my patients have become pregnant after the operation, is a complete reply to this objection. (See Cases 3, 9, 11, 19, and 48 in my little work on this subject.) In the face of the most indisputable evidence that the clitoris is *not* an *essential* part of the generative system, the expression "mutilation of the person," so freely employed, might be passed over as possessing no meaning other than that in which it would be applicable to numerous recognised surgical proceedings. But it may be well to observe that the author of a work "On the Diseases of Women," while he admits that "if the habit could be overcome, if the mind could be restored to its purity by any *mutilation* of the person, one would feel that no penalty could be too great to pay for such a boon," does not hesitate to explain that "the seat of sexual feeling is by no means confined to the clitoris." If this be the case, wherein consists this author's objection to the practice, or the peculiar force of his words "*mutilation* of the person?"

But it has been further alleged that the operation is unnecessary—that the habit, be it one or disease, can be met by moral treatment. Indeed the reviewer of my book in your journal suggests trying to persuade an hysterical patient into the belief that her ailments are imaginary, that to effect a cure it is only necessary "to exert her will," "to make an effort." Now I ask, who is there, of any experience, who has not met with a case of masturbation, in the male or female, in which no amount of moral reasoning has sufficed to put a stop to the habit? I myself have met with cases in which months and years of restraint, moral and physical, by medical and other advice—nay, with the utmost endeavours of the patients themselves, have not sufficed to overcome the habit. Are we, then, to forbid that "surgery shall come to the rescue, and cure what morals should have prevented," but, let me add, are so often impotent to stop? I am not ignorant of the value of rousing the patient to efforts of self-control. Indeed I have seen many recoveries by the patient's own firm will; but the cases in which moral effort suffices are not those in which I have recourse to the operation.

A still more visionary objection has been propounded in the theory that a recognition of the frequency of self-abuse might lead to the suggesting of it to the pure-minded. Such a notion would only be entertained by those who could applaud the idea of "an experimental surgery which delights to *cruel* about the female pudendum," and by those who were determined to shirk the question as one for impartial and scientific investigation. These may fitly consort with the bigots who refuse the boon of chloroform in labour, on the ground that Providence intended women to bring forth in sorrow. Yet it might have been expected that a speaker who could care so much for the pure-minded, and who considers that the medical calling "ought to be a high and honourable one," would have refrained from expressions in a medical association which a journalist could not in very decency report.

I turn now from the denunciations of a partisan to the more reasonable doubts that have been expressed respecting those cases of epilepsy in which the bromide of potassium has been employed as part of the treatment. In any individual case this objection would have considerable force; but I have met with many cases in which large doses of this drug had been taken for months without the slightest benefit, nay even with progressive increase of the disease, and in which the operation has been followed by marked results. In that numerous class of cases comprised under the term hysteria, and I may add, spinal irritation, the operation is almost invariably successful, while the bromide of potassium or ammonium seldom affords the slightest relief. In my earliest successful case of epilepsy, related at page 58 of the work already referred to, not a single dose of bromide or other drug was prescribed; while in some cases in which twenty-grain doses have been given after the operation no benefit has been obtained.

But after all objections have been met, what follows? If the operation I have revived is to be rejected, not "on physiological or pathological grounds, but merely on the ground of common sense" as revealed by those who evidently know nothing of the practice, we are thrown back on the old resources; and I challenge those who have assailed my views to publish that method of treatment which has been successful in their hands, or on which any reliance can be placed.

It has come to my knowledge that there are cases under the care of some of my most strenuous opponents in which masturbation is the cause of disease, rendering the patient bedridden and life a burden, without the slightest prospect of relief from the *skilful moral* treatment of those very practitioners; and, for my part, I fail to appreciate the refinement or sentimentalism which refuses to adopt a curative method because it shocks the delicate feelings of one who does not object to go on treating year after year, in its development, a disease he has no means of arresting. Is it not more honest to attempt a radical cure than to accept fees for an attendance confessedly useless?

The numerous facts I have collected at the London Surgical Home are, as they always have been, open to the strictest investigation, and I beg to state that I am willing to nominate, *jointly with* THE LANCET, a commission to report on the subject. Should such a commission report in favour of the operation, it would at once become recognised; while in case of an adverse verdict I would abandon the practice.

My confidence as to the result is mainly based on the facts which have been gathered at the Home, but is further strengthened by my experience in analogous instances; for whenever I have proposed any novel proceeding, it has at first been opposed, but afterwards generally adopted. Thus, when I became convinced that ovariotomy was justifiable, I was only allowed to perform it at my own hospital (St. Mary's) under protest of most of my colleagues. My treatment of ruptured perineum encountered the most determined opposition, headed by a physician distinguished for his opposition to everything new. My proposals for the cure of that terrible accident, vesico-vaginal fistula, met with a similar reception, but have been crowned with equal success. My method of dealing with fibrous tumours of the uterus was boldly condemned by the obstetrician to one of our largest hospitals when I first described it to one of our Societies, and yet I may fairly say it has become recognised on all hands.

These and other instances, in which my ideas have at first been condemned, but afterwards accepted throughout the world, encourage me to think that in my last proposal, notwithstanding the opposition it has excited, a calm investigation of my facts will ultimately demonstrate its value. I therefore confidently await the judgment of the profession,

And am, Sir, your obedient servant,

I. BAKER BROWN.

Upper Harley-street, Cavendish-square, Oct. 1866.

RISK ALLAH, who has been acquitted at Brussels on a charge of murder and forgery, is a qualified medical man. He commenced the study of the profession at the Military Hospital in Smyrna, where he remained for nearly two years, and subsequently arriving in this metropolis, he entered the medical department of King's College, where he completed his education, and became a member of the Royal College of Surgeons, April 12th, 1850. He was known as Halib Aga Risk Allah Effendi.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 3, 1866.

THE old adage which inculcates the wisdom of striking the iron while it is hot is specially consecrated in its application to all who take an interest in sanitary science; for it must be confessed that unless the public mind is attracted thereto either by the fear of some impending visitation or by the actual presence of unusual epidemic disease, the sanitarian lifts up his voice in vain, and, "charm he never so wisely," his monitions are lost in the din of more exciting, if less vitally important, controversy. In seasons of ordinary mortality, when the death-toll keeps at its customary level and no one morbific cause attains exceptional prominence over its fellows, people listen indifferently to the warnings of the medical profession and of official observers who tell of the "little cloud, no bigger than a man's hand," which they discern in the horizon as making its way stealthily but surely to the zenith, where it will inevitably fulfil its mission in the destruction of lives which a far-seeing wisdom would have preserved. Continental strife, the political aspirations of our own country, the intense competitive struggle of daily social life whether in the pursuit of wealth or fame, all these occupy the foreground as long as death is content to take only twenty or twenty-one per thousand away every year; but let the rate mount up to twenty-five, thirty, aye even fifty per thousand, and then the altars to the goddess Hygeia swarm throughout the length and breadth of the land. But this is the devotion of fear, and has little affinity with sustained and persistent effort; hence it is that progress is so slow, and that we have so often to mourn over a waste of life which is, in the broadest sense of the term, unnatural.

Twelve months ago the Registrar-General, adverting in his Quarterly Return to the cholera epidemic "which is gathering in threatening clouds around us," suggestively remarked that "all our towns have six months' notice, and the whole winter for the preparation of defensive works." So much for the warning; and now let us see what have been its fruits as described in the Quarterly Return for the three months ending September 30th. Cholera has come with more or less severity, and the lives of 10,365 persons have been lost throughout England and Wales by one or other types of that disease, in addition to 9570 deaths from diarrhœa. The Registrar-General thus sums up his analysis of the course of the epidemic:—

"The epidemic has been most fatal on the sea-coast in the chief ports of the kingdom. It has never destroyed the people to any extent where the water-supply was pure, where the hygienic conditions were good, or where the authorities adopted judicious and well-organized measures of early treatment and systematic disinfection."

Cholera has prevailed, he says, in particular fields, just as on former occasions. We have the London field, the Southampton, Portsmouth, and Isle of Wight field, the Exeter field, the Liverpool field, and the Swansea field,—from all of which the disease has radiated more or less as circumstances were favourable or otherwise for its diffusion. The effect of the epidemic has been to raise the general mortality of the whole country to a degree above the average very nearly equivalent to the total deaths ascribed to the disease; so that but for its presence the past quarter would have been much more healthy than the corresponding quarters of previous years. Indeed, if we divide the country into two sections—the one embracing the chief town districts, and the other the small towns and rural districts,—the effect of cholera is traceable in the increased mortality-rate of the former, which was 3 per 1000 in excess of the average; while in the latter the mortality was lower than in any summer quarter since 1862. Thus the mortality during the quarter of England and Wales, taken collectively, was at the annual rate of 22 per 1000; the mortality of the town districts was 25, and of the country districts 17·5 per 1000. London, the North-Western Counties, and Wales, comprise the localities where the deaths have been above the average of the season; elsewhere the concurrent testimony of the various registrars, with that supplied by the calculated ratios, shows that the country generally has been remarkably healthy. The prevalence of fever, or any other form of epidemic disease, is nearly everywhere associated with bad sanitary surroundings; whilst the opposite effects of good drainage and pure water-supply are shown, for example, in the town of Wilton, where the mortality of the quarter was at the exceedingly low annual rate of only 8 per 1000. The powers of the Sanitary Act ought to be sufficient to bring the recalcitrant Local Board of Health for the town of Arnold (Nottinghamshire) to their senses. The registrar of this district says:—

"We have a population of nearly 5000 inhabitants, the greater number of whom are badly supplied with water. In the most densely populated parts there are no drains, and the majority of the members of our local board of health are strongly opposed to making a good drainage, or providing a supply of water, although we have many thousand gallons of beautiful clear water running to waste every day, which might be brought to our dwellings at a reasonable expense."

The sub-district of Poppleton (West Riding of Yorkshire) would appear also to be in need of the attention of the Privy Council, for the registrar says:—

"The deaths are far above the average, owing to typhus and typhoid fever being very prevalent (causing seven deaths) in the village of Acomb. This same village has been visited by three epidemical diseases within the last ten or twelve years, and it always breaks out about the same place, and confines itself nearly to the same locality."

But without multiplying examples, we may say that it is impossible to read through the remarks made by the registrars all over the country on the health of their districts without being thoroughly satisfied that with proper attention to sanitary measures the force of epidemics of all kinds may be reduced to a minimum. Take the city of Bristol as an example, which has had recently the unprecedentedly low mortality-rate in a week equal to 14 deaths annually per 1000 of population. The most stringent measures are adopted by the local board of health of the city, who seem to take a pride in supporting their medical officer of health, and the result of this sagacity is seen in the low death-rate during the quarter of 21 per 1000. Birmingham has been still more healthy; its death-rate was only 19 per 1000. The death-rate of Hull was also low, 22 per 1000.

Looking to the banks of the Mersey, we find on the south side

Birkenhead with a mortality at the rate of 24 in 1000, while the mortality of Liverpool on the north bank was at the rate of 50 per 1000: if Liverpool had been as healthy as Birkenhead its deaths in the quarter, instead of being 6091, would have been 2906. The "fatality" which the Registrar-General alludes to in connexion with the fact that Dr. TRENCH, the medical officer of health for the borough of Liverpool, "ceased to have any direct voice in the cholera arrangements so soon as the Orders in Council were issued," is unfortunately not exceptional. The City of London presents another example of the anomaly of the supersession of a highly qualified medical officer of health by the medical officers of the several Boards of Guardians in the execution of the Diseases Prevention Act; and we can only hope that such a *reductio ad absurdum* will be eliminated from our sanitary laws by an amendment Act in the ensuing Session.

Mr. GLAISHER, in his meteorological review for the past quarter, refers to the heavy fall of rain and the reduced temperature, which was a degree below the average of the season in twenty-five years. But he notes especially that the meteorological character of the present epidemic season is different from that of former cholera periods. He says:—

"The co-existence of cholera with coincident meteorological phenomena, which were experienced during the three preceding visitations in the years 1832, 1848, and 1854—viz., great atmospheric pressure, high temperature, small diurnal range (owing mostly to high night temperature), deficiency of rain, very little wind (and consequently a stagnation of the atmosphere, and prevalent mist), a deficiency of electricity (as evidenced by the few electrical disturbances), and in 1854 the presence of a remarkable blue mist which prevailed night and day, give a high interest to the meteorology of the present quarter, during which the epidemic of cholera has again visited us.

"During the past quarter the atmospheric pressure has been remarkably low, and from 26th July to the end of the quarter the barometer reading at heights of 160 feet never reached the point 30 in., a most rare occurrence. The temperature of the air has been low night and day, excepting in September, when the nights were warm.

"The daily range of temperature has been small, chiefly owing to low day temperature, particularly in August, and to a somewhat less degree in September, but the range in September was still further lessened by the high temperature of its nights.

"There has been an abundance of rain everywhere, it falling in September at some places on every day in the month. The air has been in almost constant motion, frequently blowing a much heavier gale than usual at this season of the year.

"Nearly all the circumstances are directly opposite to those mentioned above as being present at the previous visitations of cholera, and have probably aided in checking its wider extension."

Of the reappearance of the famous "blue mist" Mr. GLAISHER gives the following particulars:—

"One of the most remarkable atmospheric phenomena during the past quarter has been the prevalence of a peculiar blue mist, first seen by myself on July 30th, but which had been remarked by other observers in the preceding week. This blue mist since that time has been generally present..... It has extended from Aberdeen to the Isle of Wight, and of the same tint of blue everywhere. This mist increased in intensity when viewed through a telescope; usually no mist can be seen when thus viewed. It increased in density during the fall of rain; usually mist rises after the fall of rain. Its density did not decrease when the wind was blowing moderately strong, but did decrease when a gale was blowing, and increased again on its subsidence. I do not know the nature of this blue influence, but the fact of its presence not having been noticed since the cholera period of 1854 till now points out a possible connexion, and, independently of this, it is of high meteorological interest."

There is no subject of greater interest than the connexion between disease and meteorology; and whether Mr. GLAISHER's blue mist theory be ultimately accepted or rejected, he has done good service in chronicling his own impressions about it.

Altogether, the feelings with which we rise from a perusal of this the latest bulletin of the health of the country are necessarily twofold: the patient is evidently sound at bottom, but there are humours and sores which need careful attention. The germs of cholera are scattered far and wide, from Land's End to John o' Groats, and from every focus of the disease diffusion will infallibly take place if strict precautions be not adopted. "Those districts," says the Registrar-General, "which are supplied with bad water, have no effective system of sewerage, and no health officer, should immediately set their houses in order, as they are still in imminent danger." Thus he repeats his warning of twelve months ago, and the penalty of passing it by unheeded may be safely reckoned upon sooner or later.

AT the late meeting of the British Medical Association at Chester, Dr. BROADBENT, of St. Mary's Hospital, brought forward a novel treatment of cancer which he had tried in some cases with advantage, and which is now exciting much interest and attention. The details of the plan are fully set forth in a pamphlet upon the subject.*

Dr. BROADBENT conceived the idea, that by means of the hypodermic syringe some fluid might be injected into a cancerous tumour which might so far alter its structure and modify its nutrition as to retard or arrest its growth. Acetic acid was chosen for the following reasons:—This acid does not coagulate albumen, and might therefore be expected to diffuse itself through the tumour. If it entered the circulation it could do no harm in any way, either by acting as a poison or by inducing embolism. Acetic acid rapidly dissolves the walls and modifies the nuclei of cells on the microscopic slide, and might be expected to do this when the cells were *in situ*. Experiment showed that although in healthy tissues acetic acid causes very severe smarting and burning, unless very strong it gives little pain when thrown into malignant structure. On the other hand, it acts energetically on cancer, but has comparatively little effect on normal structures. No precise rules can be as yet laid down as regards the employment of the acid, but Dr. BROADBENT inclines to the use of a large quantity of dilute acid rather than of a smaller proportion in more concentrated form. The strongest acid he has used has been composed of equal parts of water and of the strong acetic acid of the Pharmacopœia; the weakest, one part to four or five. About twenty or thirty minims of the acid liquid are thrown into the centre of the mass. The treatment is being followed, amongst other places, at the Middlesex Hospital by Mr. MOORE and Mr. DE MORGAN, at St. George's by Mr. HOLMES, and at the Westminster Hospital by Mr. HOLT. The points of greatest interest seem to be these: Hitherto the aim in applying solvents to cancer has been to destroy the structure, which has then to be

* Cancer: a New Method of Treatment. By W. H. Broadbent, M.D. Lond. Churchill and Sons.

cast off, and so by repeated applications to remove the mass by sloughing, the effect of the caustic being limited to the immediate neighbourhood of its application. By Dr. BROADBENT'S plan, however, the solvent fluid, as it does not coagulate albumen, rapidly diffuses itself throughout the tumour, and seems to bring about a solution of the substance. We have already heard of some cases in which, after the injection of acetic acid, the size of the tumour has been rapidly diminished, and this without any discharge externally. Such a result would seem to be explained by solution having taken place, followed by absorption. If further experience should show that by this plan of treatment cancerous masses can be so altered as to be capable of absorption, we shall have to congratulate Dr. BROADBENT upon one of the most important additions to therapeutics of modern times. The use of the hypodermic syringe in the treatment of cancer suggested itself more than a year ago to Mr. MOORE, who has injected various fluids, chloride of zinc, perchloride of iron, &c. All his experiments, however, were made with liquids which coagulated albumen, and whose action, therefore, was limited. Whether Dr. BROADBENT'S plan proves to be perfectly successful or not, he is entitled to the highest credit for an admirable suggestion, not empirical, as is too often the case, but founded upon pure induction. It is curious that the constant observation of the effects produced by acetic acid upon cancer-cells under the microscope should not earlier have led to its application in the way so ingeniously suggested by Dr. BROADBENT.

A CORRESPONDENT of our contemporary, the *Pall-mall Gazette*, directed attention a few days ago to some remarkable cases of adulteration, and to the still more remarkable fact that, though the cases were very glaring, and the convictions in the police-court were very satisfactory, the proceedings were entirely unreported in the daily papers. On the 16th ult. four, and on the 25th ult. three, grocers were found guilty at Bow-street of selling adulterated coffee. One of the grocers appeared exceedingly dissatisfied with his conviction. He seemed to think it a very hard case that he should not be permitted to mix burnt sugar, treacle, molasses, and other saccharine refuse with coffee, if he pleased to do so. He was so indignant at this interference with personal liberty in the coffee line as to threaten to sell everything off and betake himself to the sausage trade: this threat should serve as a hint to those who are fond of sausages. The correspondent in question has done most excellent service in giving publicity to these cases, and it is to be hoped that his letter will have the effect of inducing our daily contemporaries to take greater pains to secure reliable reports of the proceedings against adulterators in police-courts.

Adulteration is a tremendous evil. We venture to think that since the disclosures of our own Commission on the subject, which must be still fresh in the public mind, it has been in considerable abeyance; but nothing save the most constant vigilance and the frequent prosecution of offenders will suffice to keep it in check. These particular prosecutions took place at the instance of the Board of Inland Revenue, and we hope they will repeat prosecutions from time to time. Nothing is more important for us all, and especially for the poor, than that in using food we should know what we are using. Once sanction by carelessness the substitution of one thing for another, and it will be impossible to know whether or not we are taking what we think we are taking. The magistrates probably acted wisely in the fine they imposed in these particular cases, excepting perhaps the case of the impudent fellow who threatened to take to sausage-making. But they have the power of inflicting a fine of £100, and we sincerely hope they will use it if these lesser fines are not found to have a deterrent effect.

Medical Annotations.

"Ne quid nimis."

THE MEDICAL CONGRESS OF 1867: ON TUBERCLE.

WE have already referred to the programme of the International Medical Congress to be held in Paris next year, and have given the list of the seven subjects proposed for discussion. The committee of the Congress have published a commentary pointing out the sense in which they think the discussion on the several questions proposed may be most profitably conducted, and these commentaries are so able and useful that we propose to reproduce them seriatim for the benefit of those English medical men who may intend to take part in the Congress. They will be found exceedingly valuable by all who are in the habit of considering the questions raised, for they are clear, suggestive, and well-defined synopses of involved questions in medicine and surgery. The first question for discussion is the Pathology of Tuberculosis; on the Existence of Tuberculosis in different Countries, and its Influence on General Mortality. The commentary runs thus:—

A few years ago the pathology of the morbid product commonly called tubercle seemed definitively fixed and ascertained; and the development, the seat, and the consequences of tuberculosis appeared perfectly known. Doubts, however, have arisen owing to assertions lately put forth, which differ widely from the generally accepted views on the subject. Hence the morbid anatomy and pathology of tuberculosis have been surrounded of late with some obscurity. It would be useful to ascertain whether the great differences of opinion existing may be owing to circumstances connected with the circumfusa of the places where the disease makes its appearance, or whether such differences of opinion depend on different ways of viewing and explaining the same facts. The researches should, therefore, clear up—1st. Whether a special or specific product really exists which may be considered characteristic of tubercle. 2nd. What is the precise method by which the product is identified? 3rd. Whether the latter settles exclusively in a peculiar anatomical texture in the various organs in which it is found. In these researches anatomical and histological demonstrations should be preferred to theoretical explanations and inferences; and it is desirable that personal impressions and speculations should not take the place of experimentation and observation. The actual import and the mode of development of certain alterations should be made out, as these alterations are, according to some observers, of a tubercular nature, and depend, according to others, on an inflammatory process. It will be seen that this refers to that form of alteration called, by some writers, caseous pneumonia.

Is it really possible to inoculate tubercle in the same manner as virulent diseases? This question, quite lately raised, has not been as yet answered; and might be elucidated by the labours which the committee suggests.

As to the second part of the subject proposed, it will be advantageous to point out the causes which, in some countries, are considered as exercising an active and preponderating influence on the disease. The principal points worthy of attention in this respect are,—1st. The influence of age, sex,

climate, race, social habits, food, drink, and of manufactures peculiar to the spot whence the information is derived. 2nd. The action of previous or coeval diseases. By studying these different questions from such facts as the observer will be able to collect, science will be much more promoted than by heaping together hypotheses and quotations. The symptoms most frequently met with in various localities should be carefully specified, as also the most frequent complications, with their influence on tuberculosis, the progress of which they may hasten or retard. It is also desirable that the influence which tuberculosis may have on the development, symptoms, progress, and especially on the termination of other maladies, should be studied in different countries. This will be one of the means of ascertaining "the influence of tuberculosis on the general mortality in divers countries," this being a very important question, especially when the ravages of the tubercular affection in all countries is considered.

The documents made use of to study these different questions must be as accurate as possible; this is a point of much moment, which can hardly be overrated. All the information collected, and, perhaps, especially the statistics obtained from the authorities, should be carefully tested before they are put forward as reliable data.

DR. ARTHUR HILL HASSALL.

IT is with the greatest pleasure we announce that her Majesty the Queen, at the instance of Lord Derby, has been pleased to grant a pension on the civil list to Dr. Arthur Hill Hassall for his public and scientific services. No man who ever received a pension from the Crown more richly deserved it than our distinguished *confrère*. He has devoted his life to science and sanitary improvement. In science he stands amongst the highest, as his works on the "Microscopic Anatomy of Disease," his "History of British Algæ," and his many other works, testify. But it is as a sanitary reformer, by his valuable reports on the Adulteration of Food and Drink, that Dr. Hassall's name will ever commend itself to the admiration and gratitude of his countrymen. As commissioner of THE LANCET and analyst, he rendered services to society second to none of those of the greatest benefactors of mankind. It must be recollected that the inquiries which he conducted involved an amount of labour and of scientific knowledge which no other man probably would have been able to bring to bear upon the subject. He conducted many thousand investigations with such wonderful acumen and skill that the correctness of any one of those reports has never been successfully called in question. When THE LANCET undertook the novel, and as it was believed at the time most dangerous, proceeding of publishing reports on the adulteration of food, with the names of the offenders against the public welfare, it was fortunate indeed that Dr. Hassall was the gentleman selected to conduct the inquiry. It is certain that a man of less industry and powers of observation would have broken down in his task, and the proprietors of this journal might possibly have been materially injured, if not absolutely ruined, for their temerity.

One remarkable instance, among many, may be mentioned to show with what fidelity and precision Dr. Hassall conducted his analyses. A specimen of flour of mustard reported to be perfectly pure was sent to THE LANCET Office. This was subjected to the careful scrutiny of our commissioner. He succeeded in detecting that the mustard had been adulterated to the extent of one grain in an ounce by a foreign substance. It was afterwards frankly acknowledged that the analysis was strictly correct.

We pay this tribute of esteem to Dr. Hassall without making an unnecessary comment. It is honourable to Lord Derby that he should have recommended Dr. Hassall to a pension. It has not come a moment too soon. We regret to say that he is at present suffering from severe illness, mainly brought on by his indefatigable exertions in the interests of the public. Such a man can be ill spared. He is foremost amongst those benefactors of his kind who pursue an unostentatious and useful course, and whose services are so seldom appreciated until the martyrs are no longer in a position to reap the reward of their self-denying labours.

VISITATION OF EXAMINATIONS.

WE should be glad to know that the visitation of the examinations by the delegates of the Medical Council would be conducted with more care and accuracy this year than last. A mere description of things seen, without remarks—a schedule of papers—a recapitulation of what is already known from printed papers, is not precisely what is wanted, although necessary enough as a beginning. [But we need this time more than mere schedules and forms, and official reproduction of minor official papers. We want to know the whole truth and the whole judgment of the examiners as to the fitness of that examination which they visit for all the purposes set forth in the diploma, and according to the sphere of practice in which the diploma granted allows its possessor to indulge. The sort of tea-and-muffin visits recorded in many of the last year's reports are of little avail; and what will be expected next year is a more searching review of the adaptation of the means to the end. Sir Dominic Corrigan denounced these visitations as a humbug, because he declared that they would never be carried out honestly and efficiently, and that they would end in nothing. We have greater faith in the courage and earnestness of the members. Only we should be very glad to see the visitors selected from persons who are not members of the same trades-union; and instead of setting the Apothecaries to visit the Surgeons, and Oxford to visit Cambridge, Mr. Cooper and Mr. Cæsar Hawkins should be requested to report, say, on the examinations of the Scotch colleges, and Drs. Alexander and Andrew Wood on the English; Sir Dominic Corrigan should visit Glasgow, and Dr. Aquila Smith report on Oxford and Cambridge; Dr. Quain might visit Durham, and Dr. Parkes might look in at Dublin. We should expect reports of less constrained and frigid civility, more manly and outspoken, and not shrinking from conclusions or timidly pointing at defects. But better than all this would be the appointment of one or two visitors not officials of any corporation, properly paid, properly instructed, and working on a given system. If it be true that Dr. Acland has resigned, we should be glad to know his reasons for declining to perform the duty. They would be worth publishing, and the profession would feel interested in knowing on what grounds he despairs of the utility of the visitations, for this is assumed to be his reason for refusing to fulfil the functions of visitor.

THE PHARMACOPŒIA.

WHEN shall we have the new Pharmacopœia? It is indeed an evil, and more than an evil, that even October of this year has passed and the new edition is not issued. It is not honest for the Medical Council to continue selling the old edition, which, with all its imperfections on its head, ought to have been burned long ago. In May last, Dr. Quain presented, all ready (printed in slips), the new edition, and the Council gave strict orders that no unnecessary delay should occur in its publication; and yet, so far as one can see, in all probability a twelvemonth will elapse ere it emerges into the world. The Pharmacopœia is wanted, not only for this country but for its dependencies. A correspondent from India informs us that several hundred copies of the new edition are wanted there, and we believe that some hundred copies have been accordingly written for; but as no time can be fixed for the new issue, we presume that the old edition must be accepted. It is certainly a sharp business transaction to be selling now, at full price,

what ought to be waste-paper. Looking back through the Minutes of the Council, one can but be struck with the general mismanagement or misfortune which has attended the production of this volume: the fussily procuring a special Act of Parliament; the great expense consequent on the large number of editors and their very high remuneration; the long delay and the careful locking-up of the proof-sheets until the last moment; and then the blunders which disfigured the volume when produced. The selection of Mr. Redwood as editor of the new edition, and the apparent concentration of power in his hands, promised better things; but Dr. Quain and his committee will have a yet more difficult explanation to give next year than they had last if they expect to satisfy the profession that due diligence has been used or that the present procrastination is justifiable, and that the present purchasers on whom the old Pharmacopœia is being put off at full price are not being politely taken in.

"WHY NOT?"

A BOOK with a somewhat notable title, and throwing light upon a remarkable phase of American "civilization," has been issued in Boston, U.S. "Why Not? A Book for every Woman. The Prize Essay to which the American Medical Association awarded the Gold Medal in 1865. By H. R. Storer, M.D., Professor," &c. It is "issued for general circulation by order of the American Medical Association." A very able and high-class medical publication—the *New York Medical Journal*—notices it, and expresses the opinion that the American Medical Association has done a good work in authorising the issue of this essay for general circulation. This writer observes:

"To the majority of medical men of any large experience of course the subject is sufficiently familiar, and the evils of forced abortions, independently of the moral obliquity of the act, are well known. But those most directly interested—the women of the country—are, as a rule, ignorant of their evil effects, and all the influence of their medical advisers has hitherto proved ineffectual to put a stop to the lamentable and criminal sacrifice of fœtal life. Curiously enough, any moral considerations of the question have little or no weight with those determined to prevent any further increase of their families—for it is among the married that the practice obtains to the largest degree,—and it is only by direct appeals to the common sense of females, and by convincing proofs of the long train of diseases that are so sure to follow this unnatural crime, that any good results can be hoped for. This point Dr. Storer has forcibly considered, and placed the matter in its true light so far as relates to the subjects themselves."

He tells us also that the "*ad captandum*" title of the book, and the somewhat exuberant and flowery style in which it is written, are objectionable; but that these faults are readily forgiven in considering the immense importance of the subject and the really valuable material that the author has collected. To us it seems that the whole treatment of the subject is objectionable, and the existence of the vice a blot upon the people. It is a matter for the ministers of religion, and for the heads of families: a question of morality, of elementary duty, and of primary religious importance.

MEDICAL STUDENTS.

BY an error in quotation a very different meaning was given in *The Times* to the general *résumé* which we supplied last week of the number of students who have commenced their studies this year at the medical schools of the metropolis. We abstained then from giving the numbers as registered at the various schools, in accordance with past precedent; but as these numbers are now annually collected and published in the Medical Council's list, there is no valid reason why they should be withheld, and as the misquotation in question has given rise to error and complaint, the best course will be to state the actual number of this year's students. We believe that they are as follows:—Guy's, 94; St. Bartholomew's, 65; University College, 58; King's College, 36; St. Mary's, 29; St. George's, 23; St. Thomas's, 15; Charing Cross, 14; Middlesex, 13; London, 11; Westminster, 8.

PRIVILEGES OF VOLUNTEER SURGEONS.

COLONEL LOYD LINDSAY owes to himself an explanation of the circumstances complained of by Dr. Griffith, Battalion Surgeon 1st Surrey Rifles, in THE LANCET of last week. As a battalion surgeon of volunteers he was a field officer entitled to the courtesies shown to other officers of equal relative rank. But while lieutenant-colonels, majors, and captains were invited in virtue of their rank to the dinners of the King, he complains that he was passed over and entirely omitted, although he reported himself on the 13th to Colonel Lindsay as ready for duty, and attended parades. Dr. Ree, Surgeon of the 2nd Middlesex Volunteers, with justice complains on the same head. In the volunteer service we ought not to have to point to grievances of this kind, and if complained of they should receive attention.

A CRY FOR HELP.

IN one of the suburbs of London, almost within bowshot of one of the Royal palaces, a surgeon lies at the moment we write in the last stage of that fearful disease which has prostrated so many members of our profession—consumption. The son of a clergyman, brought up, if not in luxury, yet surrounded by all the comforts of life, with an unblemished reputation and habits of industry and prudence, he has fallen a victim to his exertions to maintain a wife and seven young children. Aid to a small extent has been received from the Medical Benevolent Fund. He has been attended with the utmost kindness and assiduity by Mr. G. C. Jonson, of Eaton-place, and Dr. Gull. But the case is hopeless: they can only, skilful as they are, smooth the passage of a professional brother to the grave. We have the letters of these two gentlemen, and they appeal, trumpet-tongued, to all those amongst us who can sympathize with a good and true man in that hour of darkness and of suffering that may be the lot of many of us to-morrow. Truth is "stranger than fiction;" and the truth in this case has a melancholy interest not always associated with the cry for help which is so often raised, and, to the honour of the profession be it said, so generously responded to. His wife, under the most painful circumstances in which a delicate woman can be placed, manifests that heroism of patient endurance and active energy which is the true attribute of the sex. The appeal which is now made will, we are convinced, be heard by many who are not only able but willing to hold out a helping hand to one who is sinking under the waves of misfortune. Dr. Gull and Mr. Jonson will acknowledge with thanks every contribution which may be made in aid of the unfortunate gentleman and his estimable wife and young family, who have the strongest claims upon consideration. We shall be only too happy to receive subscriptions, and to announce the names of those benevolent donors who, whether from their plenty or their sympathy—often both—may come to the rescue in the present deserving case.

THE LLEWELLYN FUND.

IT has been decided that the noble services rendered by the gallant surgeon of the *Alabama* shall be commemorated in a way which, we think, will commend itself to the profession of which he was so distinguished an ornament. In the hospital where he received his education a tablet to his memory will be placed. The inscription upon it, we believe, will be short and simple. His conduct and his fate require no lengthened eulogium. Nearly £500 will be devoted to the founding of a scholarship, with which the name of Llewellyn will be asso-

ciated. We think the committee that has had the conduct of this matter has shown a wise discretion in this appropriation of the funds which have been so liberally supplied by his professional brethren in all parts of the world. A tablet erected to his memory will remain a lasting testimony to his self-devotion and to his honourable death. A scholarship, it may be hoped, will offer a strong incentive to those who may be its recipients to act as he did should the occasion recur: to uphold the character which the British surgeon has won on many other occasions—a generous self-devotion in the cause of humanity, and to risk life if the dictates of honour call him to be a martyr.

THE PULSE IN HEALTH AND DISEASE.

WE propose next week to publish the first of a short series of papers on the Sphygmograph, as applied to cardiac and vascular diseases, by Dr. J. B. Sanderson and Dr. Anstie. The physiology of the circulation has been revolutionised, and greatly advanced by the modern "mechanical" school, of which E. H. Weber was the founder, and Ludwig, Chauveau, and Marey, are illustrious members; and of late years, especially, by the application of exact instruments to the measurement of the force of the heart and the rapidity of the circulation, and to the investigation of the physical characters of the pulse. The fruits of these labours have yet to be gathered. There is reason to hope that a rich harvest of pathological discovery awaits those practical workers who are now applying the new physiological methods to morbid phenomena. The observations which we are now about to publish will not only illustrate the diseases to which they refer, but will tend to clear up some difficult problems in the physiology of the circulation. The old exploded conception of the pulse, as of an actual tide flowing from the heart, still exists in many men's minds. An immense advance on this is represented by the "wave theory," which was clearly set forth by E. H. Weber so long ago as 1833. This theory is, no doubt, in principle, applicable to the explanation of all the phenomena of the pulse. But it remained to be shown in what way the pathological changes in the pulse-form revealed by the sphygmograph can be explained on Weber's principles; and the forthcoming papers will, we believe, show clearly that for this purpose an important modification of his theory is necessary.

IMPROVEMENTS IN LIVERPOOL.

WHEN, last week, in discussing the insanitary plight of Liverpool, we said that that town must make up its mind to spend a large sum of money on needed improvements, we did not expect that before our remarks appeared it would be publicly announced that Liverpool had appreciated the urgency of the case, and had actually sanctioned in one day the expenditure of somewhere about £250,000. The sum seems very large. But we can quite understand that it is not larger than the case requires, and not larger than Liverpool can afford. The chairman of the Improvement Committee of the Council, Mr. Hutchison, illustrated the ability of Liverpool in a practical way. He said that in "the last twenty years its trade had gone on increasing at a ratio that was never expected;" that "thirty years ago a penny rate raised only £4400, while a penny rate in 1866 produced £7500, an increase of seventy-five per cent." That the sum of £250,000, the expenditure of which has been sanctioned, does not exceed the urgency of the case we believe, on the ground of the evidence of those best able to judge of the mass of the people in Liverpool, and the physical conditions in which they are living. Glasgow, with which Liverpool may properly be compared, has asked Parliamentary powers for the expenditure of a much larger sum than this. It is only fair to remember that this amount does not fully represent all that is contemplated in the way of expenditure on the improvement of Liverpool. Other improvements, sanctioned by Acts of Parliament already obtained, to say nothing of the excess of the cost of actual work over estimates, will bring this sum up to fully half a million of money.

It is to be regretted that there is a difference of opinion as to the merit of the particular plans sanctioned last week, and which are to cost a quarter of a million. Our own correspondent speaks of them as improvements, with trifling exceptions, tending "to widen streets already wide enough, to make crooked ones straight, and thus to improve the appearance of the leading thoroughfares of the town; but not to break up the masses of crowded dwellings by driving thoroughfares through and across them to let in light and air, or to provide decent dwellings for the labouring classes." It would certainly have been satisfactory to have seen some considerable attack made upon the close courts of the town. If the improvements are not really the best that can be accomplished for the money in the interest of that portion of the community amongst whom deaths from diarrhœa, phthisis, and fever have made Liverpool so conspicuous in the mortality returns, we can only hope that they will not be sanctioned by Parliament. An attempt has been made to explain away the high death-rate of Liverpool by saying that the comparisons between it and that of London are unfair, inasmuch as some suburban districts of Liverpool are not included, the healthiness of which would qualify the bad look of the returns. There is some truth in this. But after allowing this, and comparing only fairly comparable parts of London and Liverpool, it is found that the mortality of Liverpool is most discreditably excessive.

The real moral of this large expenditure of Liverpool and Glasgow on sanitary plans is to this effect, that growing towns should take timely care to preserve *space* for sanitary uses as their development may require. The great outlay by Glasgow and Liverpool is necessitated by the fact that, whereas a few years ago such designs as are now contemplated might have been carried out by the purchase of cheap ground, now they are only practicable after the purchase of a large amount of valuable property. It was unanimously agreed that the schemes might have been much more cheaply carried out some years since; or now, if years ago the necessity for them had been intelligently appreciated; and also that even a short delay in the execution of them would double or treble the cost. As Mr. Hutchison suggested, large towns, like noblemen, should have land-stewards, whose care it should be to anticipate the value of land while it was yet cheap and easily procurable. And in framing bye-laws for regulating the construction of houses and streets, lesser towns will do well to take warning from the experience of Liverpool.

At the same special meeting of the council at which this expenditure was sanctioned, the sum of £5000 was voted for the erection of an equestrian statue to the Queen. This is not a larger sum than becomes the loyalty and the wealth of Liverpool. We venture to think that her Majesty will derive as much pleasure from the determination of the council to carry air and light into the homes of the poor as from the direct tribute of respect to herself.

A GOOD deal of interest has been created of late by the appearance of Miss Mary Walker, M.D., of New York, at some of our hospitals. On Wednesday last this lady attended the operations at the Middlesex Hospital, and witnessed the removal of dead bone from a jaw by Mr. Lawson, and an attempted reduction of an old dislocation of the humerus by Mr. De Morgan. Dr. Mary Walker has taken to her vocation quite seriously. With her it is evidently no mere passing whim. She practised medicine in New York for five years before the war broke out, then volunteered for the Federal army medical service, and served through a campaign of four years, during the first three years being with the army of the Potomac. In the course of her military career she was taken

prisoner of war, and after a captivity of four months was regularly exchanged, the happy rebel whose freedom was thus purchased being a full-grown and moustached surgeon, six feet high. As regards Dr. Mary Walker's costume, we have only to say that the great weight of her garments is suspended from the shoulders, very much as is the case with her professional brethren. She is strongly of opinion that the ordinary costume of women is fraught with evil from a physiological point of view on account of the great weight of the clothes being borne by the waist. And doubtless there is much truth and sound sense in her opinion. Dr. Mary Walker will make but a short stay in the metropolis, to visit the hospitals and museums. We are quite sure that our professional sister will receive every courtesy and attention at the hands of the authorities and gentlemen engaged at their studies. We may hesitate about the advisability of this lady's example being very generally followed by her sex, but we cannot fail to respect the earnest purpose which has marked the step in the present instance.

THE trial of Risk Allah, just terminated by acquittal, has afforded an opportunity for the display of a good deal of the sensational school of medical jurisprudence, which is much in favour on the continent. The introduction into court of the bed, with a man lying in it—of a pillow and a false head, through which a bullet was fired—were spectacular rather than juridical incidents. Questions such as that here raised have very frequently been important elements in evidence, and have been decided without the "scenic illusion." A very notable gunshot-wound case of the kind was one which may be still remembered by many, where Sir Astley Cooper was called (in 1806) to see a man named Blight, who, while sitting in his chair in a private room, had been mortally wounded by an unseen person. Sir Astley ascertained that the pistol must have been fired by a left-handed person. The only left-handed man in the vicinity of the occurrence was a Mr. Patche, an intimate friend of the deceased—but he proved to be the murderer.

THE American correspondent of the *Standard*, describing the last days of Mr. Van Buren, a leading politician of New York, tells us that "on the evening of the day on which he died, Mr. Van Buren, in the height of fever, made a coherent and logical speech, the delivery of which occupied two hours and a half." This may rank among the curiosities of literature or of medicine; and as Dr. Millingen is no longer in the field to collect such curiosities, we would ask the writer to favour us with some of the details of this oration. The great grammarian died, uttering, "je vais ou je vas mourir—l'un ou l'autre se dit;" Lord Chesterfield's last breath was spent in beseeching Dayrolles to "take a chair;" Pitt with his latest breath grieved for his unhappy country in words of which the precise tenor is still disputed; but a last dying speech, coherent and logical, and occupying two hours and a half, but uttered in delirium, is worth preserving with all the minuteness of which contemporary record is capable.

IF the presentation of a testimonial is ever to be advocated, it is doubtless when old pupils wish to give their schoolmaster some little memorial of their appreciation of his services to them at a time when perhaps they little understood the value of his work. Dr. Major has resigned the head-mastership of King's College School, a post which he had held for thirty-six years. We understand that a number of his old pupils, in grateful recognition of a kind and earnest teacher, are getting up a testimonial to him. We trust it may succeed. Dr. Major has superintended the education of a large number of medical men; and he has, besides, by various contributions to classical literature, done excellent service to the cause of education in general. Subscriptions for the purpose are to be sent to the Rev. Blomfield Jackson, King's College.

STRANGE to say, a conviction has been obtained this week under the Medical Act. Mr. H. Denny, of Rotherhithe, was convicted of having falsely represented himself as a regularly qualified surgeon, and was fined £10 and costs. How Mr. Denny came to be so great a simpleton as to bring himself under the penal provisions of an Act which is every day violated with impunity it is difficult to say. His solicitor stated in extenuation of the offence, that his client "was at present attending the necessary course of lectures at Middlesex Hospital, and had taken up all but one degree which would entitle him to practise as a surgeon."

WHEN the rights of the poor to fresh air come to be duly considered we shall have laws passed to remove manufactories into the region of congenial fields. Meantime they are wonderfully tolerated. Proceedings against a manure manufacturer in Bermondsey, taken by the vestry, have been unsuccessful—at least temporarily so—on the ground that the proceedings should have been taken under Section 8 of the Nuisances Removal Act. How long will it be before manure manufactories are removed by force of law from the neighbourhood of dwellings?

IT is a somewhat remarkable fact that the infirmary attached to the workhouse of the parish of Birmingham contains one more bed than all the hospitals in the town put together. It is still more remarkable that these six hundred patients are officered by one medical practitioner. The guardians of the parish very properly resolved at their last meeting to increase the salary of Dr. Robinson, the present able surgeon to the workhouse; but surely something more is necessary in the interests of the poor and humanity.

A VILLAGE HOSPITAL has been established at King's Sutton, a village numbering over fifteen hundred inhabitants, and which, though thickly surrounded by many market towns, had no hospital, infirmary, or dispensary nearer than Northampton, Oxford, or Leamington, each being a distance of thirty miles. The hospital is a detached substantial stone building capable of containing fifteen beds.

WE understand that Captain Galton, Under Secretary of State for War, a prominent member of the Barracks and Hospital Commission, and author of the "Description of the Herbert Hospital," has been named a member of the committee on cubical space and hospital accommodation, of which we last week mentioned the other members.

MEDICAL ETHICS.

MR. JOSEPH INCE, of the firm of Messrs. Godfrey and Cooke, has published in a late number of the *Pharmaceutical Journal* an able and elaborate treatise "On Pharmaceutical Ethics." The portion which immediately concerns the medical profession is a section which treats of the "Behaviour of the Pharmaceutist with regard to the Medical Profession." As on the whole it contains views which are of the greatest possible importance, particularly at the present time, we reproduce it here in its entirety.

"Thanks to the educational pressure from without, added to which is the sense of personal responsibility, the pharmaceutist is daily ceasing to be the mere vendor of his drugs; unconsciously, by recognising the necessity of thoroughly understanding the nature and properties of remedial agents, he is working out the ethics of his trade. 'The maintenance of the public health' (I condense from Mr. Howden) 'requires the service of three separate offices. 1. The sanitary office, which enforces the observation of natural laws. 2. The physician's office, which investigates the nature of disease and studies the method of subduing it. 3. The pharmaceutical office, which consists in the skilful selection and preparation

of remedies, and their direct application according to the physician's method. By virtue therefore of his own position, and his mutual relation with at least this second health officer, the pharmaceutist cannot worthily discharge his duty unless by deliberate cultivation he has made himself the fit companion and seconder of the physician.'

"It has been stated that the medical profession look with a jealous eye on the intellectual advance of the modern pharmaceutist. This is directly contrary to my own experience, and I believe it to be sheer nonsense. Why a professional man should tremble because his directions are likely to be understood and properly carried out, is beyond my feeble logic to explain. The one least likely to interfere with him in a professional career is the man who knows most of the varied action and the strength of drugs, and the therapeutic value of remedial agents. Such a pharmaceutist may be too nervous, but he will never be too rash, and the physician may rest in perfect confidence that the educated, intelligent dispenser will be the last to rush in where angels fear to tread.

"I cannot conceal the fact that in some communications which have reached me, the question of the mutual bearing, or rather of the boundary-line that marks off the medical man and the pharmaceutist, has not been fairly stated. Either under pressure of a felt grievance or from limited observation, strictures have been passed on the profession which are scarcely to be justified, and the matter has been argued too exclusively from our own point of view.

"Reasoning from the broad abstract theory, it is better for the surgeon to confine himself entirely to professional practice; but when we descend into ordinary life, there does not seem to be any valid reason why he should not be (if so he chooses) his own dispenser. This neither includes nor justifies the establishment on his part of an open retail, a proceeding which exacts its own Nemesis. The man degrades the shop, and the shop degrades the man. What confidence can the patient feel in an adviser who has so little in himself?

"But that a surgeon should be debarred from compounding his own remedies is unfair to him and would often be unjust to others. The plan may have been dictated from motives of dispatch; in hundreds of outlying districts, from necessity; nor let it be forgotten that it may have been suggested also from the desire to have excellent and first-class preparations. Nor can I share the opinion that the private dispensary is a term synonymous with negligent dispensing and cheaply selected drugs. I am personally acquainted with some establishments which are models of what in pharmacy we might be content to imitate. The evil (if such it be) will in time work out its own remedy; for just in proportion as the recognised open pharmacy assumes a higher standing, and offers more professional facilities, will the private dispensary be felt by the proprietor to be a thing irksome and unnecessary, and, following the law of all progression, it will eventually disappear. But, on the other hand, there is a wretched practice which, wherever it exists, must stifle the ethics of the profession and the trade. I allude to those disreputable and most unprofitable compacts, where, under the guise of a per-centage, or an accommodated tariff, or any other occult arrangement, the pharmaceutist dispenses *for* the surgeon, and is robbed of the profit of his labour.

"From my very heart I reprobate a system, the discovery of which is always a source of anxiety to the surgeon, from its unprofessional nature, and which, as far as the pharmaceutist is concerned, is the introduction of an unhealthy and underhanded trade; miserably unremunerative, and too often a late-hour slavery, where there is not even self-respect with which to gild the fetters.

"There can be no true companionship where there is no esteem; deduct the element of mutual respect and honourable relationship between the medical profession, and pharmacy is at an end. But whose the fault? For should the pharmaceutist fail to be the helper and fit companion of the physician, he has not rightly understood either the dignity of his calling or its moral responsibility. At first, this dread feeling of responsibility hangs over him like the sword of Damocles, but with the fear comes also a sense of honour, the very inspiration of all that is high and excellent.

"The true pharmaceutist will always be the helper, for it is his to know the mechanism of the healing art, to develop new remedial agencies, to enter upon untried regions of experiment, to utilise the dreams of theory, and to bid science wait on the wants of daily life. In all these things the true physician will gladly be instructed, nor will he refuse advice nor withhold his friendship from one who, though working in a humbler sphere, is yet able to enlarge the basis as well as to guide the exercise of his professional skill.

"So between these two men grows up a thorough sensible understanding, founded on personal advantage, deepened by common sympathy, and cemented by mutual respect. Let us rejoice that this is the bare statement of every-day experience, and not mere elegant writing.

"Long may the profession and the trade work in perfect harmony together—their ethics are the same."

There is so much sound sense, and so much that is in accordance with the spirit of the age, in the above extract, that we need offer no apology for reproducing it. It may be well, however, to inquire as to the causes of the present anomalous position of the profession of Medicine with regard to the business of the pharmaceutist? They are clearly traceable, firstly, to a want of education, until lately, of the "chemist and druggist"; and secondly, and more especially, to the connexion of the great body of medical practitioners with a trading company. Before the Act of 1815, the "apothecary" was regarded merely as a shopkeeper and "a waiter on the physician": he had no legal standing. He passed no examination to test his qualification; and he kept an open shop, not only for dispensing the prescriptions of the physician or surgeon, but for the sale of drugs. In 1812, a great number of gentlemen who were members of the College of Surgeons, but who were in general practice under the denomination of "surgeon-apothecaries," formed themselves into an Association, with the object of putting a stop to a state of things which they justly regarded as prejudicial to society and derogatory to themselves. Mr. Mann Burrows, the father of Dr. Geo. Burrows, the President of the Medical Council, was chairman of that Association. Repeated applications were made by them to the Colleges of Physicians and Surgeons to take the education of the general practitioners into their own hands; these applications, however, were met with coldness, and almost with contempt. No greater mistake was ever made than this—a mistake which both Colleges have since made attempts to remedy. Those attempts are now beginning to develop themselves into a practical result. But it may be asserted with perfect truth that the neglect of the College authorities to take earlier action has been fraught with consequences inimical to the profession. The Association, smarting under the indignities to which they had been subjected, threw themselves into the hands of the Society of Apothecaries; and at a late sitting of the House of Commons, on the 12th of August, 1815, the Apothecaries Act was passed. This Act placed the education of the "general practitioner" entirely in the hands of a trading body. We have no reason to find fault with the manner in which the Society have executed the trust which the Legislature thus imposed upon them. On the contrary, they set to work in right good earnest to improve the education of candidates for their licence, and became virtually the pioneers of improvement in medical education. Still it must be remembered that the Society was in reality a trading body, with an open retail shop, for the sale of drugs, in Blackfriars. The member of such a body naturally identified himself with the institution which conferred upon him a legitimate title to practise. *He* kept an open shop for the sale of drugs. Nay more, the Society prosecuted, even to a successful issue, members of the College of Surgeons who "attended, prescribed, and charged for medicines they supplied, in *medical* cases." At this time it is simply a matter of astonishment that such prosecutions could have been established against qualified members of the profession. But so it was; and THE LANCET, in its earlier numbers, contains more than one record of such a conviction. Communications constantly reach us, even now, asking our advice as to what tribunal our correspondents can appeal to against their rivals, who possess *only* the qualification of "surgeon" or "physician," for infringing the Apothecaries Act. Here we see how the effects of the fatal mistake made by the Royal Colleges have been perpetuated for upwards of half a century.

Mr. Ince's views with regard to the future are worthy of acceptance at the hands of our brethren. That they are not

utopian we are fain to believe; but much must be done, both with respect to the medical profession and pharmaceutical chemists, before they can be carried into practice. It is not of such firms as those of Godfrey and Cooke, Savory and Moore, Squire and Son, and a host of others, that we have reason to complain. Our grievance is against the "counter practice" of a phalanx of half-educated or wholly uneducated shopkeeping druggists, who prescribe for numberless cases of disease amongst the poor. The qualified practitioner of the present day finds a remedy for such abuse in the opening of a "retail." That the sale of drugs, scented soap, and tooth-brushes is derogatory to the members of a learned profession must be admitted. "The profession of Medicine," it has been said, by one whose opinion is entitled to the highest respect, "is either a noble calling or a low trade." To rescue it from the latter reproach, it requires that our legislative enactments should be placed upon a basis which will confer upon us our rights, but at the same time restrict us to our legitimate position in society.

THE PROGRESS OF CHOLERA.

THE latest information from the continent and from our own provinces happily shows, with few exceptions, a steady decline of the epidemic of cholera. As the winter approaches, the activity of the disease in most places appears to diminish or become exhausted. In the west, north-west, and south of England, in Wales, on the east coast, and in the few central districts which have been infected, the subsidence of the malady is almost general. In the metropolis also there is a further fall in the mortality. On the Tyne, however, in the vicinity of Edinburgh, in that city itself, and in Dublin, the epidemic still shows signs of increasing activity. But while rejoicing in the general diminution of the present evil, it is impossible, on contrasting the course of the epidemic in Great Britain with that which it has taken on the continent, not to entertain a fear that its devastations will not terminate with the present year. This should lead to great watchfulness and caution on the part of all authorities responsible for the public health during the coming winter, and the spring and early summer of 1867.

France.

Paris: *L'Union Médicale* reports that no death from cholera occurred in Paris on the 14th of October. From this statement it would appear that the second outbreak of the epidemic in this city has been more protracted than was at first conceived.

Boulogne: From the official records at the Mairie, it would appear that from the 31st of August to the 7th of October inclusive, 385 deaths from cholera were registered in this town. On the first-stated date the number of deaths was 12; on the last-stated, 5.

Italy.

Naples: The mortality is steadily declining. The latest daily return shows 22 cases and 15 deaths.

Caserta: In the district of this name, from the commencement of the outbreak to the 19th of October, there were 451 cases and 233 deaths.

The epidemic has shown itself in the following places, generally in a slight form, in some instances only in scattered cases:—Cuneo, Boveo, Borgo, S. Dalmazzo, Manta, Crissolo, Villanova Solaro, Revello, Cassalgrasso, Villanavetto, Tarantasca, Saluzzo, Brossasco, Scarnafigi, Geno, Naples, Torre-del-Greco, Torre Annunziata, Venice, Massa, and Castelamare. This list is not exhaustive, but simply the last which has come to hand.

The total cases in Venice to the 5th of October were 71, and the deaths 35. A few days prior to this date the epidemic was believed to have disappeared. This has proved to be an error, as scattered cases occurred in the city during the last week of October.

Sicily: The epidemic is spreading in the island. It has appeared at Messina, Villabete, Bagheria, Catania, and Aderno, as well as at Palermo. The belief of the inhabitants of the infected villages that the wells had been poisoned was so firm that it was dangerous for a stranger to approach them.

Austria.

The Times correspondent, writing from Vienna on the 23rd of October, states that, according to official returns, more than 200,000 cases of cholera had occurred in Austria since the beginning of the month of July, and about half had died.

In Vienna the number of deaths had amounted to 3242. [During the week ending the 13th of October, according to a return furnished to the Registrar-General, 453 deaths were referred to cholera in Vienna. During the week ending Sept. 29th, the number of deaths from the same cause was 672.]

In Hungary, 49,000 cases were reported, and 21,556 deaths.

The epidemic appears to be more violent in Moravia than elsewhere. To the 15th of October there had been in this province 67,192 cases, and 27,624 deaths.

Pesth: Oct 19th, 13 deaths.

Trieste: Total cases to Oct. 5th, 621. Oct. 1st and 2nd, 8 cases in the town and district.

Holland.

The general returns for the whole kingdom for the weeks ending on the following dates are—Sept. 15th, 851 cases, 541 deaths; Sept. 22nd, 471 cases, 327 deaths; Sept. 29th, 313 cases, 239 deaths.

United States.

The latest accounts report the epidemic in New York; Brooklyn; Bristol, R.I.; Hudson City, New Jersey; Philadelphia; Louisville, Ky.; Memphis (107 deaths); Nashville (43 deaths in one day); and Savannah (25 deaths in one week).

Cholera on Blackwell's Island.—Professor Hamilton gives the following facts relating to this outbreak, in a letter published in the *Boston Medical and Surgical Journal* for 30th August, 1866. The first case occurred in the workhouse on the 28th July; the last case on the 6th August. The epidemic continued, therefore, nine days, during which period, of about 800 inmates, 123 died. A case admitted into the workhouse on the 8th August is not included in the enumeration, as Professor Hamilton thinks that the disease was not contracted in the workhouse. The building is admirably constructed for the purposes for which it was designed, is perfectly clean, and up to the present outbreak the inmates have been as healthy as this class of people generally are.

The rapid propagation and fatality of the disease, after it had once gained admission, is assigned mainly to confinement and crowding. For several days the malady was exclusively among the women. They had the smallest apartments, were most crowded in their cells, and, with few exceptions, were employed within the building in close contact with each other during the day. The men were employed mostly in the quarries, and out of doors.

Under the instructions of Prof. Hamilton, the following sanitary means were adopted, and to their effective carrying out the rapid stoppage of the progress of the epidemic in the workhouse is to be attributed. The inmates were distributed, as far as the vacant places in the building would permit; the cell doors were left open at night; the night-buckets were supplied with disinfectants and left outside; the women's cooking rooms were converted into hospital wards, and the women were kept out of doors from morning until night; corn-meal and molasses were taken from the diet table, and coffee, tea, and vegetables were added; at night each inmate was required to take an ounce of whisky, three ounces of water, and fifteen drops of tincture of capsicum. The people, it is remarked, were city vagrants, and probably habitually intemperate. A variety of disinfectants were employed freely and constantly in every vessel and closet which received the excreta, even the excreta from the stomach were disinfected immediately after they were received into a vessel or fell upon the floor; stoves were placed in every hospital ward to ensure a draught; all windows were kept open day and night; the clothing taken from the cholera patients was sent directly to the boilers. A ward was established for patients with diarrhœa, and the value of this measure is shown by the fact that of the large number received into this ward only one died. It was difficult, however, to persuade the people to report themselves in this stage of the disease.

From the workhouse the cholera spread to every other building on the island, except, Professor Hamilton thinks, the "madhouse." In none, however, did it prove so fatal as in the workhouse. The same sanitary measures were carried out as far as practicable in the lunatic asylum, almshouses, and general hospital. These buildings were all crowded, but of course the inmates could not be scattered as in the workhouse. The cholera remained among them at the time Prof. Hamilton

wrote (10th August), but in a mitigated form. The penitentiary suffered only two days from the disease. Connected with the almshouses are two well-constructed pavilions, only a few feet apart, and separated by a brick wall ten or twelve feet high. One was occupied by feeble old men, the other by old women. The only point of difference Prof. Hamilton could discover between the pavilions was in the number of inmates; the male pavilion containing only 62 persons, the female 99. In the first there was not a single case of cholera; in the second, 31 of the inmates died of the disease.

Of the 14 house physicians and surgeons employed in the several buildings in the island, not one suffered from the epidemic.

GREAT BRITAIN AND IRELAND.

Week ending Sept. 13th.—Gateshead: 61 cases of cholera and diarrhœa; 1 death. Leighton Buzzard: 6 cases of cholera, 15 of diarrhœa; 4 deaths from cholera. Isle of Thanet (Margate district): 9 cases of cholera and diarrhœa; 1 death. Chester-le-Street: 2 cases of cholera and diarrhœa; 2 deaths. Ulverstone: 1 case of cholera, 1 of diarrhœa; 1 death. Portsea Island: 44 cases of cholera and diarrhœa; 4 deaths. Carmarthen: 15 cases of cholera and diarrhœa; 3 deaths. Honiton: 1 case of cholera, 11 of diarrhœa; no deaths. Ormskirk; 34 cases of cholera and diarrhœa; 3 deaths. Liverpool parish: 46 cases of cholera, 3 of diarrhœa; 16 deaths from cholera, 1 from diarrhœa. Pocklington: 4 cases of cholera, 1 of diarrhœa; 2 deaths from cholera. Haslingden: 18 cases of cholera and diarrhœa; 1 death. Richmond (Surrey): 3 cases of cholera and diarrhœa; 2 deaths. Bridgend and Cowbridge; 6 cases of cholera, 48 of diarrhœa; 2 deaths from cholera. Neath: 218 cases of cholera and diarrhœa; 36 deaths. Pontypridd: 3 cases of cholera, 68 of diarrhœa; 2 deaths from cholera, 1 from diarrhœa. Birkenhead Union: 14 cases of cholera, 29 of diarrhœa; 4 deaths from cholera. Halifax: 6 cases of cholera, 56 of diarrhœa; 4 deaths from cholera. Newton Abbot: 2 cases of cholera, 64 of diarrhœa; 2 deaths from cholera.

Week ending Oct. 20th.—Leighton Buzzard: 2 cases of cholera, 30 of diarrhœa; 1 death from choleraic diarrhœa. Houghton-le-Spring: 9 cases of cholera, 29 of diarrhœa; 4 deaths from cholera. Gateshead: 69 cases of cholera and diarrhœa; 1 death. Sunderland: 11 cases of cholera, 22 of English cholera, 33 of diarrhœa; 9 deaths from cholera, 1 from English cholera, 2 from diarrhœa. Stockton: 12 cases of cholera and diarrhœa; 5 deaths. Tynemouth: 57 cases of cholera and diarrhœa; 16 deaths. Doncaster: 3 cases of cholera and diarrhœa; 2 deaths. Exeter Incorporation; 26 cases of cholera and diarrhœa; 7 deaths. St. Thomas's Union (Exeter): 6 cases of cholera, 42 of diarrhœa; 3 deaths from cholera, 64 from diarrhœa. Lewes: 7 cases of cholera and diarrhœa; 4 deaths. Haslingden: 10 cases of cholera and diarrhœa; 4 deaths. Chester: 10 cases of cholera and diarrhœa; 9 deaths. West Derby Union (Liverpool): 264 cases of cholera and diarrhœa; 9 deaths. Toxteth-park township (Liverpool): 173 cases of cholera and diarrhœa; 24 deaths. Chertsey: 4 cases of cholera and diarrhœa; 2 deaths.

A severe outbreak is reported at Wolverstone in Durham, leading to upwards of 20 deaths.

The Metropolis: 112 deaths from cholera, and 32 from diarrhœa, were registered during the week ending October 29th. The deaths from both forms of disease in the previous five weeks were 248, 244, 251, 254, and 199; the deaths from cholera alone being 182, 150, 177, 182, and 144. Of the 112 deaths in the latest return, 30 occurred in Woolwich.

The Registrar-General reports for the last three weeks in Liverpool the following deaths from cholera—09, 53, and 38.

Edinburgh: During September, 2 deaths from cholera. In the first three weeks of October, 29 deaths from cholera or choleraic diarrhœa. Oct. 29th, 7 cases were admitted into the cholera hospital, and 5 deaths occurred there. Oct. 30th, no admissions, 2 deaths.

Slateford: 21 cases, 15 deaths.

Musselburgh: 42 cases of cholera and diarrhœa, 20 deaths.

Buckhaven (Fife): 28 deaths; 12 cases were under treatment on the 31st of October.

The epidemic has appeared in several villages of the Lothians and Fifeshire.

Dundee: From the 26th to the 29th inclusive, there were 19 deaths from cholera in this town and the neighbouring manufacturing village of Lochee.

At Brechin, 4 deaths were reported last week, and the epidemic is said to have appeared in the town of Forfar.

Dublin: During the week ending the 20th of October the deaths from cholera were 118; in the two previous weeks, 81 and 98.

Correspondence.

"Audi alteram partem."

THE SANITARY CONDITION OF SALTBURN.

To the Editor of THE LANCET.

SIR,—We deeply regret the apparent antagonism which now exists between the Improvement Company and a great part of the inhabitants of Saltburn, owing to the treatment which the memorial inserted in THE LANCET of the 13th inst. has received at the hands of the Company. We deprecate a state of chronic warfare, and would rather, even if it entailed some sacrifices, work with the Company to remedy the real evils complained of.

"The origin of that document *purporting* to be the sentiments of seventy-eight residents at Saltburn" is by no means so mysterious as insinuated, and certainly is not the outgrowth of any wrong feeling towards the Company; and "the pretexts used in canvassing for signatures" were, we think, unobjectionable. Visitors found fault with the water, and the drainage, and the overcrowding; and we had to listen almost daily to their strictures: we knew of the existence of these things: the Improvement Company is the sole authority in these matters, and we presented a respectful memorial to them. This is the origin of that document. The "pretexts used" were the simple reading of the paper, and asking for signatures if acquiesced in. Wherein have we erred? Why impute malicious motives? Is it to be a condition of our residence at Saltburn that we must not speak? This cannot be. In proportion to our means, some of us have even a larger stake in the prosperity of the place than the Company; and it appears to us unreasonable that we should be censured for urging attention to *acknowledged* evils, and that the memorial should be construed as an attack upon the Company.

We send you a sample of the "almost invariably brilliant water," taken to-day from the town pipes. This is what we have after a comparatively light fall of rain; we leave you to imagine its brilliancy after the heavy rains of August and September; and we ask whether we are not justified, from its muddy appearance, apart from the sewage which it receives, in urging upon the Board that the water is "quite unsuitable for domestic purposes."

We will not enter into further justification of the course we have taken, as we might do; but as, through your ability and disinterestedness, the sanitary defects of the place have been exhibited, we hope that effectual remedies will be speedily applied. After all, we believe that the Company are as fully alive as ourselves to the existence of these defects; and by the steps we have taken we have sought only to urge the importance of *immediate exertions*, that the growth and progress of the place may not be hindered.

WILLIAM RAPP, Bookseller,
Compiler of the Memorial.
WILLIAM TAYLOR, Chemist &c.,
Canvasser for Signatures to the Memorial.

Saltburn-by-the-Sea,
Oct. 27th, 1866.

*** The specimen of water received with the foregoing letter was very far from being clear or brilliant, and fully bears out the statements of the authors of the petition.

To the Editor of THE LANCET.

SIR,—Finding reference has been made in your pages to a certain petition presented by the inhabitants of Saltburn to the Saltburn Improvement Company, I, as one of those petitioners, beg for space in your columns to express the intense regret which is felt by myself and many others who signed that memorial that such use should have been made of it as to call it forth to prove the very unfounded statement made by one of your correspondents respecting the insalubrity of our much-admired marine watering-place.

That so many of the inhabitants should attach their names to such a memorial and pursue a course so prejudicial to their own interests, and the celebrity of their beautiful town, may well excite surprise. From conversation with several, I find

they trusted to the good faith of their townsman presenting that petition, and never gave time for the careful reading of its contents; and others, with myself, never saw it, but, on being asked if we would sign a memorial to the Company for a supply of *better water*, at once assented under the strong desire that the present supply should be improved upon as early as possible, and with pleasure we hear this subject has the careful consideration of the Company, and will be remedied in due course.

Judging from the great indignation expressed by many of the inhabitants that such unwarrantable liberty should have been taken with their signatures, my opinion is that nine-tenths, if not the whole of them, would discard that part of the petition which has reference to the very erroneous assertion about the prevalence of fever or any other disease now so keenly felt in many of the adjacent towns and villages of our county.

I am, Sir, yours most respectfully,

Saltburn-by-the-Sea, Oct. 27th, 1866. JAS. CUNNINGHAM.

THE CAUSE OF DENTAL CARIES.

To the Editor of THE LANCET.

SIR,—Having read an interesting letter in your impression of Oct. 20, by Dr. Pidduck, on the cause of dental caries, I must ask to be allowed to confirm, as far as my experience goes, his theory of our bony deterioration. I fully believe that the primary cause of dental caries may be discovered in the fearful adulteration of all the necessaries of life in large cities. The principal food of growing children consists of bread, milk, and water. The first, as Dr. Pidduck remarks, has all the bone-making qualities taken from it, the flour being too finely sifted and invariably adulterated with large quantities of alum, to make the bread whiter. All who keep cows in the country know the difference between town and country milk. And then comes London water. This we should not use unless boiled and filtered, for fear of drinking sewage, and by thus boiling and filtering it, we take from it many earthy constituents which would be useful in building up the bony parts of our children's frames. There is, no doubt, a great increase in the amount of dental caries amongst our rising generation, and I cannot help thinking that adulterated bread, combined with the want of good air and pure water in all our large towns, has a great deal to do with it.

I am, Sir, yours faithfully,

GEO. PARKINSON, M.R.C.S.

Brook-street, Grosvenor-square, Oct. 24th, 1866.

POISONING BY ARSENIC THROUGH ACCIDENTAL IMPREGNATION OF WATER.

To the Editor of THE LANCET.

SIR,—A group of cases, which came under my care in March last, illustrates a source of possible danger to farm servants in careless stowage of drinking-water.

On March 10th I was sent for into the country to see a shepherd's family, who soon after tea were seized with symptoms of irritant poisoning, in a mild degree "sickness and burning at the stomach," as I was told by the messenger. I could not go very well that evening, so sent emetics and ammonia, directing them to send again, if necessary. The next day I was sent for to see their neighbours—a blacksmith and his wife,—who were both ill in bed with vomiting, purging, pain in stomach and limbs, and sense of exhaustion. I found that they had had some sickness and pain in the pit of the stomach for two or three days; but on the previous evening had taken largely of tea, and had been seized with much more violent pains, retching, and purging. Their tongues were loaded with fur, and had morbidly red edges; pulses, that of the man especially, fluttering and rapid. They could not sit up in bed without difficulty, and had frequent retching.

What was the cause of these symptoms? That they were aggravated by tea-drinking, and that the water only was the same for both houses, made me think that this must be the vehicle of the poison. They had procured, they said, the water from the same place that they always did, and could think of no way in which it could have been poisoned. The date of the first bad symptoms was that of the last bucketful of water used. Had the pail been employed for any other purpose? Now they remembered they got a fresh supply of water before the other pail was empty; and one of the number recollected that some sheep-wash had been in the pail, "but it had been rinsed out since." Pouring the water away, and looking at some from the bottom of the bucket, I found a white sediment, which on being tested was discovered to contain arsenic. I had directed the shepherd to ask his employer if there was arsenic in the sheep-wash, and he told me on the next day what I had already found out by testing.

The shepherd's family soon recovered, but the blacksmith and his wife were very ill for a fortnight with gastritis, conjunctivitis, &c. It was more than a month before the man could walk about, and twelve months before he could do any work. The pains in his limbs were violent for some time, and afterwards he could only walk unsteadily with a stick for months.

The treatment consisted of a sulphate of zinc emetic, followed by hydrated sesquioxide of iron and carbonate of magnesium, subsequently iodide of potassium for about three months, and then galvanism. His improvement was very slow, and he is now a very different man from what he was previously.

I am, Sir, yours truly,

Rochester, Oct. 9th, 1866. JAMES V. BELL, M.D., &c.

THE VOLUNTEER MEDICAL STAFF AND THE BELGIAN TIR NATIONAL.

To the Editor of THE LANCET.

SIR,—I do most heartily and sincerely endorse every sentiment expressed in Dr. Griffith's letter in your last number. I also was present at the Tir fêtes, and although I can never forget the extraordinary kindness and unbounded hospitality of the Belgian people, I am at this moment smarting under the influence of the insult or slight offered to the volunteer medical staff by Colonel Loyd Lindsay or his executive.

The King of the Belgians invited, through Colonel Loyd Lindsay, some twenty or thirty officers to dine at Laeken every day for some three or four days, and out of the number of those considered as privileged to attend, I believe, but one medical officer was selected. Now, Sir, although I do not hesitate to say I should have regarded King Leopold's invitation as the brightest and the proudest souvenir of my visit to Belgium, still I should not now have one shadow of complaint to make if a fair and impartial distribution of those high honours had been made by those in command. If the rank of surgeon in the volunteer service is not a mere sham, its medical staff has been most unfairly used at Brussels, and I warn every gentleman who, like myself, holds a commission as such to ascertain without loss of time what real rank and privileges it carries.

I am, Sir, your obedient servant,

H. P. REE, L.R.C.P. Ed., F.R.C.S. E.,

Fulham, Oct. 30th, 1866. Surgeon 2nd or South Middlesex Volunteers.

THE ARMY MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—You will regret to learn that his Royal Highness the Commander-in-Chief, notwithstanding the opinions expressed in the House of Commons and by others high in office, although less publicly, has at length carried into effect the unjust change in the system of promotion amongst the medical officers of the brigade of Guards, by acting on the submission paper of 1860, which was recently published, and for the first time made known to the colonels of the regiments, and those coming under its operation, by order of the House of Commons, although it had been in existence for six years. It is curious to observe how careful the framer of this paper has been in protecting the privileges of the colonels, without once bestowing a thought upon those medical officers who are brought under its action, and whose most vital interests are affected by it. The extreme injustice consists in giving retrospective action to an order which has remained *unpublished for six years*, whilst the fault of secrecy rests with the authorities.

The feeling of distrust and suspicion engendered by this inconsiderate act must always remain with those whose lives have been sacrificed to it, and who suddenly find, after many years' service, that their prospects are injured—in several

instances even ruined,—and themselves subjected to a change in the system of promotion which they were assured on entering the service would never take place, and on which assurance several were induced to join. I hardly think that this is the way to restore the confidence of the profession in the direction of the Army Medical Department; and so long as such cases are allowed to occur, not even General Peel's well-known good intentions towards the army medical officers will be able to restore it.

I am, Sir, your obedient servant,

October, 1866. ONE OF THE DUPED.

PLACENTA PRÆVIA.

To the Editor of THE LANCET.

SIR,—Dr. Wotton's case, which appeared in your journal of the 20th Oct., induces me to state the particulars of one which occurred to me last year. The patient was about seven months pregnant, and in an advanced stage of phthisis. She had had occasional hæmorrhage from the uterus to a small amount during her pregnancy. On the 22nd Feb., 1865, the hæmorrhage induced her to call for aid, and the nature of the case was at once recognised. Uterine contractions came on during the night, and in the morning the os began to open rapidly and the hæmorrhage was profuse. The placenta was found to be adherent nearly all round. I immediately proceeded to detach it. While doing so, and before it was completely detached, a portion of it was protruded from the vagina, and blood could be seen flowing from it. *As soon as the placenta was completely detached all hæmorrhage ceased.* The fœtus was delivered by the feet, which presented. The woman made a rapid recovery, but died of phthisis in about three months.

In this case the simple removal of the placenta arrested the hæmorrhage, there being nothing to act as a plug after its removal, not even the head of the child.

I am, Sir, yours obediently,

Canonbury-square, N., Oct, 1866. ARCHIBALD SIMPSON, M.D.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

SINCE my last letter cholera has extended to other parts of Scotland. At Musselburgh, where there has been much obstruction on the part of some of the authorities to sanitary improvement, the disease has become epidemic; and in the Fisher-row district especially a great many deaths have occurred. Severe diarrhœa has also been prevalent.

In the county of Fife it has also extended to the coast villages of Methill and Buckhaven, and the deaths already exceed 20. It has been stated that the disease first appeared there in a man whose son died at Granton, near Edinburgh. After attending the funeral he returned home, and soon after was seized with choleraic symptoms and died. Cases have also happened at Drem, in East Lothian, and at Preston-pans. In Slateford, a village about two miles to the west of this city, the disease caused the death of a child on the 20th inst. Since then the cases rapidly increased, and there have already been 15 or 16 deaths, or about one death in each 20 inhabitants. The disease was at first confined to one tenement, and it was presumed that the water was the propagating cause, but there appears to be some ground for the opinion that the outbreak was occasioned by the carting of contaminated rags, for the disease first showed itself amongst the families of those so engaged. It is with much satisfaction that I record the services, self-imposed, of Dr. John Balfour, a retired Indian medical officer, who has nobly taken up his residence in this distressed village and opened an hospital in it, as there is no resident medical practitioner. It is by such prompt and self-denying acts as this that the high character of our profession is sustained, and without doubt all professional men must feel gratified by having another instance added to the long list of its noble acts and self-sacrifice.

In Edinburgh the disease has not increased rapidly. During the last week the cases admitted to the City Hospital were 11 in number, and the total admissions to the morning of the 27th inst. were 50. Of these, 11 have recovered, and 34 have died. Yesterday, however, there was an increase in the number of admissions. The treatment by the bromides is still continued. A number of sudden deaths have occurred in various parts of the city, the cause of which is believed to be cholera.

The deaths for the week ending Oct. 13th were 79, which is equivalent to a yearly mortality of 24·43 per 1000. 11 deaths were reported from cholera, 2 from choleraic diarrhœa, and 3 from diarrhœa. The mortality was 9 below the weekly average of last year, and 9 below that of the corresponding week. The deaths for the week ending Oct. 20th were 95, or equivalent to an annual mortality of 29·38 per 1000. 11 deaths were reported from cholera, and 5 from diarrhœa. The mortality of the corresponding week of last year was also 95. During September the deaths reported were—cholera, 2; British cholera, 4; and diarrhœa, 11. In the first three weeks of October the deaths reported were—cholera or choleraic diarrhœa, 29; British cholera, 1; diarrhœa, 15: thus giving a total since the epidemic commenced to the 20th inst. of—cholera, 31; British cholera, 5; and diarrhœa, 26.

In anticipation of the epidemic assuming a more serious character, Dr. Littlejohn has submitted to the town council the necessity for soup kitchens being organised for the supply of food to the poorer classes during the winter, and already several of our charitable institutions have opened their doors. One house of refuge advertises a basin of soup and a loaf of bread for a penny; the broth is of excellent quality.

There are several local matters I desired to allude to, but from the length of this letter must delay them. I may, however, mention a very good addition to the University—namely, refreshment and gymnastic rooms for the use of the students.

Edinburgh, Oct. 29th, 1866.

NEWCASTLE-ON-TYNE.

(FROM OUR OWN CORRESPONDENT.)

CHOLERA, having seized its first victims on the Tyne at South Shields, has now passed over to the north bank of the river, and North Shields and the adjacent villages are now suffering severely from the disease, no less than 100 deaths being reported since the 7th of October. With this mortality, attention has of course been directed to the water-supply, the quality of which is very much suspected, and an analysis is being made by a competent chemist. It appears from the *Newcastle Chronicle* that North Shields is supplied with water principally from two sources. That from the Whitley quarries, which is admitted to be pure at its source, is brought through a large main to a reservoir in the vicinity of the town, where it is stored; but it is before this, unfortunately, mixed with water pumped from the Preston colliery, and also with water brought down from a small reservoir in Preston village, which is surrounded by houses and receives some surface drainage. The other source, called "the Ridges," supplies the streets in the lower part of the town, the water flowing directly through the pipes to the consumers. It is remarkable that, although this portion of the town is inhabited by the poorer classes, it has been so far free from the disease; while the upper part of the town, consisting of by far a better class of houses and inhabitants, has felt the full fury of the epidemic, this being supplied with water contaminated by that pumped from the colliery. It is possible that this may be a coincidence; but it is more than probable, remembering that the pollutions of the mine may find their way into what is pumped up for the reservoir, that there is something in operation very like cause and effect. It is so, however, at the village of Chirton, near to the town, where the disease first broke out, and where some of the most malignant cases occurred; Dr. Emmerson found the well-water in use there, although, as usual, looking bright and clear, loaded with decayed animal and vegetable matter. Choleraic diarrhœa prevails extensively in North Shields and the vicinity, and within a few days upwards of four hundred families have applied for medicine at the dispensary.

At the annual meeting of the Newcastle Dispensary held lately, it was stated that during the year 4974 patients had been admitted, being an increase of 407. Dr. Arnison, in the medical report of the institution, states that the cases of febrile diseases this year amount to 791, against 439 last year; the present being the highest number reached since 1861. The admissions from typhus and continued fever during the five years commencing with 1861, are, respectively, 269, 202, 177, 166, and 73, and last year, 201. Although the numbers ad-

mitted with this disease during the last year have in that period been twice exceeded, the mortality has not been even approached. The per-centage of deaths which, during those five years, is, respectively, 4·9, 3·8, 6·9, 4·7, rose during the past year to 16·5. The largest number admitted in one month was 44, in January, since which there has been a rapid decline. Measles reaches this year a number never before equalled since the dispensary existed; 294 cases were admitted, and of these 31 died. Since January it has existed only in a sporadic form, a few cases being received every month. The report next mentions the occurrence of scarlatina upon the subsidence of measles, and notices that at the commencement of the epidemic all the cases were mild, though many of them since have been followed by dropsy after apparently recovering; but that the epidemic appears to be increasing in extent and fatality, and at that time (September) it was most extensively prevalent amongst children, and very often in a malignant form. Dr. Arnison next notices the subsidence of small-pox, of which not one case has been observed since October, and that for the first time since 1852 the annual report appears without a death from this disease.

Although much is doing here in the way of sanitary reform, when one considers the requirements of the town along with the rate of progress, the prospect is not encouraging. In three houses, in a certain street near the centre of the town, no less than twenty-six cases of fever have occurred lately.

Newcastle-on-Tyne, Oct. 27th, 1866.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 25th:—

Bowen, David, Newport, Pembrokeshire.
Coombs, Rowland Hill, Bedford.
Cremonini, John, Tettenhall, Staffordshire.
Denton, Frederic George, Claycross.
Grime, John, Blackburn, Lancashire.
Hall, John Henry Wynn, Barking-road, E.
Heelas, Martin Luther, The Holt, Wokingham, Berks.
Levick, George, West Ham, Essex.
Marriott, Osborne Delano, Sevenoaks, Kent.
Wilkinson, Alfred George, Aston-road, Birmingham.

THE quarantine imposed on arrivals from Great Britain at Malta has been reduced from fifteen to ten days.

IN the Cuttack district 3000 deaths from famine and pestilence were reported in one week.

SOME Brazilian preserved beef has been imported into Paris, and was declared to be very good by some French gentlemen who met at a dinner to test its quality and flavour.

AN inquest was held last week, at Manchester, on a man who accidentally drank out of a vessel containing a strong solution of caustic soda. Brain fever supervened, and the man died.

THE Dean and Chapter of Christ Church, Oxford, have now in course of erection a block of model buildings for the poor, of a very superior plan and construction.

There is now living at Buckland a maniac named Joseph Spaulding, who has been confined in an iron cage for more than fifty years, and for thirty years has not stood erect.

GARIBALDI'S old wound, which was again opened during his last war, is, we are informed, again closed, and the General following his agricultural pursuits.

THE Spanish Consul at Malta has informed his Government that a contagious epidemic disease has appeared among cattle coming from Tunis.

IN some parts of Germany every bottle containing poison is labeled with a death's head and cross bones, and every parcel of poisonous medicine sent to a patient has a similar label over the address.

MISS BURDETT COUTTS is about to establish a great covered market in Bethnal-green. Provisions will be sold there cheaply under strict inspection, so that the sale of unwholesome food will be prevented.

A SWORN investigation was lately held by Dr. Hill, Medical Poor-law Inspector at Donnybrook Dispensary, into the circumstances under which certain cholera patients had been sent to Sir Patrick Dun's Hospital.

A NEW journal has been founded in Egypt under the name of *Lancetta Medica Egiziana*. We have No. 10 of this year before us, which contains an able article on abscess of the liver, by Dr. Ogilvie Bey.

MR. CORBETT, the Metropolitan Poor-law Inspector, has lately visited Lambeth Workhouse several times, prosecuting inquiries as to the alleged locking up of women. The master and matron of the establishment have tendered their resignation.

M. HUSSON has just made a statement at the Imperial Academy of Medicine to the effect that formerly five children might be counted for each marriage in France; at the commencement of the century that number fell to four; and now each marriage hardly produces three children in the country, and two in Paris.

BY this mail a contribution to science is forwarded to one of the London societies by Dr. Hector, F.R.S., the Government geologist, in the shape of some elaborate drawings, &c., of a portion of a moa's egg, with the bones of the chick in an advanced stage of incubation. The egg was found at Otago.

ON Sunday last the annual collection was made at all churches and other places of public worship in Birmingham in aid of local charities, and on Monday evening it was stated that £3500 had been received, and this sum, it is stated, will be increased to £4000, all of which will be handed over exclusively to the Queen's Hospital.

AT the last quarter sessions for the county of Cornwall, John Ward, Esq., M.R.C.S. and L.S.A., qualified as a county magistrate. Mr. Ward has for many years carried on a large and successful practice in East Cornwall, besides holding many public appointments. He has been for many years surgeon of the Royal Cornwall Rangers Militia, of the County Gaol, the East Cornwall Hospital, and consulting surgeon to the County Asylum.

THE FACULTY OF MEDICINE OF PARIS.—Loud complaints have of late been made touching the inefficient manner in which the professors are discharging their duties. Ill-health and advanced age have disabled several of the eminent men occupying chairs, and the work has mostly been done by substitutes. Resignations have, however, recently come in. M. Trousseau has resigned from pressure of practice, M. Andral from ill health, and now we find that the well-known M. Piorry has also given up his chair. *L'Union Médicale* states that several other resignations will soon be sent in.

QUEKETT MICROSCOPICAL CLUB. — The ordinary monthly meeting took place in the library of University College on the 26th ult.; Ernest Hart, Esq., President, in the chair. Mr. Highley, F.G.S., read a paper "On Shore Collecting," wherein he described the dress and implements most suited for such explorations; how to search the sands, seaweeds, clefts in rocks, ledges, rock basins, and under boulders; and what animals, microscopic or otherwise, are likely to be found in each of these several retreats for the ocean's inhabitants. A *conversazione* followed, in which many objects of interest were exhibited, amongst which was a new form of microscope, of novel construction, by Mr. Cole. Nineteen members were proposed, and twenty-eight new members were elected.

THE Midland Medical Society of Birmingham has just entered upon its nineteenth session, with the following officers:—President: Mr. J. S. Gamgee. Vice-presidents: Dr. Wade and Mr. Alfred Baker. Treasurer: Mr. J. Harmar, Hon. Sec.: Dr. Balthazar W. Foster. Hon. Librarian: Mr. E. Mackey. The first ordinary meeting of the Society was held on Wednesday last, Oct. 24th, at the Birmingham Midland Institute, when interesting pathological specimens were exhibited by Mr. Goodall, Dr. Foster, and Mr. Mackey, and an able paper on Cerebro-spinal Meningitis was read by Dr. Wade. The Society meets twice a month, from October to May.

METROPOLITAN POOR-LAW MEDICAL OFFICERS' ASSOCIATION.—A quarterly meeting of this association will be held at the Ship Hotel, Charing-cross, on Tuesday, Nov. 6th, at eight P.M. precisely, at which honorary members and union and district medical officers who have not as yet joined the association are invited to attend. We understand that the following gentlemen have already become honorary members of this useful body—viz., Dr. Barclay, Dr. R. Barnes, Mr.

Bowman, Dr. Bristowe, Mr. Bryant, Dr. Burrows, Dr. T. K. Chambers, Mr. C. de Morgan, Dr. Fuller, Dr. Goodfellow, Dr. Harley, Dr. F. Hawkins, Mr. Cæsar Hawkins, Mr. Barnard Holt, Dr. Jenner, Dr. Handfield Jones, Mr. S. Lane, Mr. Henry Lee, Dr. Letheby, Sir Ranald Martin, Dr. Murchison, Dr. J. W. Ogle, Professors Parkes and Partridge, Mr. Paget, Dr. Peacock, Dr. Pitman, Mr. G. D. Pollock, Mr. Quain, Dr. Richardson, Dr. B. Sanderson, Mr. Shaw, Dr. Sieveking, Dr. Stallard, Dr. A. S. Taylor, Mr. Henry Thompson, Mr. Spencer Wells, Sir James Clark, &c.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The examinations for the present session will commence to-morrow (Saturday), when upwards of twenty gentlemen will present themselves for the primary examinations in Anatomy and Physiology. The surgical and pathological, or pass examination for the diploma of membership, will take place the following Saturday, when upwards of fifty candidates will be examined. It is stated that the Council of Education has deputed Dr. Sharpey, Dr. Parkes, and Mr. Cooper, to supervise the examinations at the College of Surgeons; at the Royal College of Physicians, Dr. Storrar and Mr. Cæsar Hawkins will watch over the examinations; Dr. Parkes, Dr. Quain, and Dr. Alderson were deputed to visit those at the Society of Apothecaries; Dr. Paget and Dr. Quain visit those held by the University of Oxford; Dr. Acland and Dr. Embleton visit the University of Cambridge; the President and Dr. Alderson visit the University of London; and Dr. Storrar and Dr. Sharpey visit the University of Durham.

ST. THOMAS'S AND ST. MARY'S HOSPITAL CLUBS played a match at football on Clapham-common on Saturday last, Oct. 27th, St. Thomas's winning by one goal. S. Edwin Solly, Esq., Captain, St. Thomas's Club; — Harrison, Esq., Captain, St. Mary's Club.

THE precautions taken in the French cholera hospitals to prevent the spread of the disease are of the most minute character. On the death of a patient, for instance, phenic acid is sprinkled all round the bed; in the coffin the body rests on chloride of lime, and the remainder of the space is filled with sawdust impregnated with phenic acid. Lastly, when the coffin is placed in the grave, and the latter partly filled up, a layer of chloride of lime is spread all over, and moistened with a watering pot; the grave is then completely filled up, and chloride of lime again sprinkled upon it.

SUDDEN DEATH OF DR. ARNISON, OF STANHOPE.—We regret to have to record the death of the above gentleman, that melancholy event having occurred in an extremely sudden and unexpected manner, on Saturday last, at midday, under the following circumstances:—It appears that the deceased left home on the morning of the above day for the purpose of visiting a patient, although he stated before leaving that he felt himself unwell, and somewhat unfit for the journey. Whilst returning, and when within a few yards of his residence, he fell from off his horse dead, death having seized him whilst sitting in the saddle, and the horse proceeding at a walking pace. Dr. Arnison had, it seems, for several years past suffered from disease of the heart. He was sixty-two years old, and has died universally esteemed, beloved, and lamented. The poor in the neighbourhood of Stanhope will miss the doctor's kind and familiar visits, to whom he was invariably kind and attentive. He was uncle to W. C. Arnison, Esq., the much respected resident medical officer at the Newcastle Dispensary.—*Newcastle Journal.*

THE LONDON HOSPITAL.—The Rev. Hastings Robinson, D.D., rector of Great Warley, near Brentwood, Essex, has bequeathed £100 to the above institution, and a further sum of £300, to purchase two annual governorships, to be enjoyed by the incumbents of Great Warley and Christchurch. Mr. Robinson has also bequeathed £100 to the Hospital for Incurables. This clergyman has left large sums to other institutions, not medical, and directed that all amounts should be paid free of legacy duty.

THE MEDICAL ACT.—Pursuant to the 19th section of the above Act to regulate the qualifications of practitioners in medicine and surgery, which recites, that "if any registered medical practitioner shall be convicted in England or Ireland of any felony or misdemeanour, or in Scotland of any crime or offence, or shall after due inquiry be judged by the General Council to have been guilty of infamous conduct in any professional respect, the General Council may, if they see fit, direct the registrar to erase the name of such medical practitioner from the Register," and acting on this power, the General Council of Medical Education and Registration of the United Kingdom has just published the following list, with the causes which gave rise to the punishments now inflicted on these individuals, viz.:—John Edward Protheroe, name erased in consequence of the entry of it having been fraudulently obtained. Richard Organ, for infamous conduct in a professional respect. John Burton, in consequence of the entry of his name having been fraudulently or incorrectly made. John Broatch, the entry of his name on the Medical Register having been obtained by a false declaration. John Kearney, for infamous conduct in a professional respect. Daniel de la Cherois Gourley, in consequence of his having been convicted of a misdemeanour. David Griffiths Jones, in consequence of his having been convicted of a misdemeanour. Evan Thomas, having been convicted of perjury. Robert Wrixon, having been convicted of forgery. Samuel La Mert, for infamous conduct in a professional respect. Robert Jacob Jordan, his qualification of member of the Royal College of Surgeons of England, 1859, erased, by order of the General Council, on the 26th of May, 1863, his name having been removed from the list of members of the Royal College of Surgeons of England; and, on the 4th of May, 1864, it was ordered "that the name and qualification, as licentiate of the Royal College of Physicians of Edinburgh, of Mr. Robert Jacob Jordan be removed from the Medical Register." John Carter Barrett, in consequence of his having been convicted of felony. William John Cumming, having been convicted of felony. Robert Abercrombie, his qualification of member of the Royal College of Surgeons of England, erased by order of the Executive Committee, on the 2nd of February, 1866, in consequence of his having been removed by the Council of the College from being a member. Thompson Whalley, in consequence of his having been convicted of a misdemeanour. John Permewan, having been convicted of felony.

THE WEST LONDON UNION WORKHOUSE.—Dr. Lankester held an inquest at the West London Union Workhouse, near Hornsey-rise, upon the body of a pauper, and the inquiry was the means of some important facts relative to the management of the institution being obtained. The deceased was an aged pauper inmate, and, from the evidence of the first witness, a weak-looking little woman, who stated she was a pauper nurse, it appeared that the deceased was going upstairs on Wednesday morning when she tottered and would have fallen but for witness, who was behind her and eased her down on the stone steps. Mr. John Lakeland, a member of the Royal College of Physicians of Edinburgh, was called to deceased, whom he found dead. He was present five minutes after being called, and from a post mortem which he made he believed death had resulted from the rupture of the vertebral artery. There was a slight bruise on the head, but this had not caused the rupture, which was due to natural causes. In answer to the coroner, witness said that there was no resident medical officer in the house, and he had 378 patients on his books. There were 512 inmates. The sleeping wards' cubical space to each person was 300 feet, and in the night and day rooms (the infirmary wards, in fact) the space to each was set down as 500. The coroner said competent authority set this space down as far too little, in fact 1200 cubic feet was stated to be the minimum which should be adopted, and it was a great pity that when the guardians were building a house they did not give sufficient space. No ventilation, unless it were some machinery driven by a steam-engine, and was constantly in motion, could make up for the deficiency of space. The jury concurred in these remarks. A verdict of "Natural death" was returned. The jury were accorded the privilege of seeing the wards. The writer, in a hasty examination of some of the wards—an examination made before there could be any official "setting to rights"—found in the several sick wards visited an atmosphere sickening in the extreme. The wards seemed overcrowded, and in one an unexpected and mournful scene was presented: an aged pauper was fast going to his last settlement, and by his bedside stood two relatives, who, it seemed, were unreasonable enough to think, like Laertes, that some "ceremony else" was needful, for the pauper nurse was protesting, so it seemed, and in no gentle terms, that all that could be done had been done. There was no screen nor any attempt to hide from the sight of the patients—so very close at hand—the last struggles of life in the dying pauper. The workhouse is a very handsome building; it stands in a healthy spot, which a few years since was one of the most picturesque places in the outskirts of London. The accommoda-

tion for sick paupers, however, is nearly as bad as it is possible to be, the mere space being insufficient in the extreme and the attendance merely nominal.—*The Times.*

THE "United Service Gazette" announces that cholera is on the increase amongst the cavalry at Newbridge, Ireland, where it is now very prevalent, as many as eight cases having been reported in one day. The troops at the Curragh have escaped the epidemic as yet, and every precaution is being taken to preserve them from infection. The men are all confined to the camp, and any coming from the infected districts are excluded.

A BILL has passed the Legislative Assembly of New South Wales, and was under discussion in the Legislative Council when the last mail left, providing that any habitual drunkard, if found drunk on the highway, may be committed by the magistrate to the workhouse, and kept there until the governor shall order his discharge.

DR. FRANKLAND gives a remarkable instance of filtration through animal charcoal of the East London Company's water, supplied to the tenants of Miss Coutts in Columbia-square, 700 in number. The organic matter was reduced to the minutest quantity, the hardness from to 20° to 7°.

DR. RICHTER, of Gratz, has been called to Miramar to attend the Empress Charlotte. Dr. Richter has been, for the last seven years, physician to the lunatic asylum of Vienna.

ADULTERATIONS IN SPAIN.—The "Epoca" of Madrid gives such a description of Madrilene diet, as to make it appear that the only genuine article to be procured is garlic. The butter is composed of tallow, remnants of cheese, the juice of the petals of marigold, and raw potatoes scraped and reduced to pulp. Bread is adulterated with the flour of peas, beans, &c., and whitened with carbonate of magnesia, bicarbonate of soda, plaster of Paris, alabaster, &c. Most of the chocolate sold at Madrid does not contain a particle of cocoa, for which flour, fat, and a few aromatic substances are substituted. Sausages are made with all kinds of villanous ingredients, such as the remains of dead horses. The list might be almost indefinitely prolonged; but the Madrilene art of adulteration seems to have attained its highest perfection in the adulteration of wines and spirits, which they manufacture leaving out the juice of the grape altogether.

BIRTHS AND DEATHS IN THE PRINCIPAL TOWNS OF THE UNITED KINGDOM.—In the week that ended on Saturday, Oct. 27th, the births registered in London and twelve other large towns of the United Kingdom were 4250; the deaths registered, 3080. The annual rate of mortality was 26 per 1000 persons living. In London the births of 1099 boys and 1049 girls, in all 2148 children, were registered in the week. In the corresponding weeks of ten years 1856-65 the average number, corrected for increase of population, was 2068. The deaths registered in London during the week were 1394. It was the forty-third week of the year, and the average number of deaths for that week is, with a correction for increase of population, 1271. The present return exhibits an excess of 123 deaths above the computed number. The excess is partly due to affections of the air passages (bronchitis). The annual rate of mortality last week was 24 per 1000 in London, 29 in Edinburgh, and 41 in Dublin; 20 in Bristol, 22 in Birmingham, 32 in Liverpool, 30 in Manchester, 25 in Salford, 23 in Sheffield, 26 in Leeds, 23 in Hull, 38 in Newcastle-upon-Tyne, and 27 in Glasgow. The rate in Vienna was 60 per 1000 during the week ending the 20th inst., when the temperature was 4·1 deg. Fahrenheit lower than in the same week in London, where the rate was 27 per 1000; the 640 deaths recorded during this week in Vienna included 304 fatal cases of cholera, showing a decrease of 149 upon those returned in the previous week.

Obituary.

JOHN SOUTHEY WARTER, M.D.

THIS lamented young physician died on the 20th ult., at his residence in Queen Anne-street.

Dr. Warter was the second son of the Rev. J. Wood Warter, vicar of Tarring, near Worthing, well known as son-in-law of the poet Southey, and an author of considerable repute. At an early age he manifested a marked taste for studies in natural science and mechanical philosophy. He was educated at Marlborough College. After leaving school, being in weak health, he devoted much of his time to experimental natural philosophy, especially chemistry and electricity, his powers of handiwork being so great that he invariably made and finished his entire apparatus. His taste was then directed to the study of medicine, and he commenced his career as a student in the college of St. Bartholomew's Hospital. Here he worked with singular assiduity and perseverance for two years. He next proceeded to Edinburgh, with a view to taking his degree in medicine. Here also he soon became known as a diligent worker and original observer, and in two years' residence took several University prizes and distinctions. He wrote his inauguration thesis upon the *Vis Medicatrix Naturæ*, which received special commendation from the Medical Faculty; and he took his M.D. degree, with honours, in August, 1864. He then returned to London, and recommenced his work now chiefly in the medical wards of St. Bartholomew's Hospital, where, and in the dead-house, he was wont to spend many hours of each day. Early last year he became a member of the College of Physicians, and commenced to practise as a physician. Every day, and often twice a day, he visited the hospital. Last year he published a small work entitled "Observation in Medicine, or the Art of Case-taking"—an admirable handbook, intended chiefly for clinical clerks. He paid great attention to the use of the thermometer in disease, and has published a very valuable article on this subject in this year's volume of the St. Bartholomew's Hospital Reports. Indeed, we fear we may say he contracted his fatal illness while continuing his thermometrical observations on fevers. On the 10th ult. he had a rigor, and on the next day he took to his bed. Feeling so weak, and discovering from the records of his thermometer, which he used for himself three times each day, that he was on the threshold of some serious illness, he sent for his revered friend and teacher, Dr. Jeaffreson, to come and see him. In a short time it was obvious that he was suffering from a very severe attack of typhus fever. His case assumed the form that might be expected in a man of delicate constitution and overwrought nervous system; and, in spite of all that skill and affectionate nursing could do, he gradually sank on the tenth day of his illness.

Thus has passed from our ranks one of the most promising and energetic young physicians. The profession can ill afford to lose such men. Dr. Warter was a man of stern principle, of sterling honour and integrity; further, he was a true Christian and a high-minded gentleman. Of untiring energy, even in matters which to others might seem trivial, his spirit of independence was such as would take nothing at second-hand; and if his enthusiasm for a moment disturbed a fellow-worker, all feeling of annoyance would melt as a better acquaintance made all who were brought into contact with him more sensible of his zeal and search for truth. For the last few years he had sadly overworked his powers, never could be persuaded to take sufficient relaxation, and, unfortunately for himself, would never exceed a most abstemious diet. As medical president of the Abernethian Society at St. Bartholomew's Hospital this session, it would have fallen to his lot to preside at the opening meeting on the evening of the day on which he was taken ill (an event to which he had looked forward with considerable pleasure); and on the Thursday evening preceding his death he was to have read a paper on "Typhus and Typhoid Fevers," subjects which he had been diligently studying for some months past. None who knew him will hear of his early death without the deepest sorrow, and many of his contemporaries will find that they have lost a kind and genial friend. Dr. Warter, we believe, was in his twenty-seventh year.

DR. SPARROW, OF SOUTHSEA.

We have to record this week one of those sad and distressing occurrences of which so many examples have been furnished in the annals of our profession, and by which one of the most worthy and respected provincial practitioners has been suddenly taken away in the full pride of manhood, and in the midst of a career of usefulness which, in all human probability, bid fair to extend over a long period. A singular fatality seems to have attended the career of the prominent members of the profession at Portsmouth, for during the last few years we have seen removed, in the prime of life, Rolph, Scott, and Engledue, and it is with sincere regret we have to add the subject of this memoir to the melancholy list.

Dr. Sparrow was educated at St. George's Hospital. He subsequently entered the naval service, and, after having been at sea for some time, became attached to the Naval Hospital at Bermuda. On his return to England about ten years ago, he was anxious to enter into private practice, and settled at Southsea. Here by his untiring industry he soon began to make way, and in the course of a few years he had an extensive and increasing practice. As is the case of others similarly situated, he gave himself little repose; and although enjoying for the most part excellent health, he became somewhat anxious about himself during the last spring in consequence of a temporary weakness of sight, and this was enhanced by a domestic calamity which befell him some two or three months since. About three weeks before his death he had been performing the operation of removing some necrosed bone in a case in which he was much interested, and either at the time of the operation or at a subsequent period, whilst dressing the wound, he injured the finger of his right hand, but only in a slight degree. Constitutional disturbance followed in the form of rigors and fever; soon, however, symptoms of articular mischief with increasing debility appeared, and his medical attendants began to dread the existence of pyæmia. Four days before his death pyæmic symptoms unequivocally became manifest, with a fatal result on Friday, the 19th ult. He was most assiduously attended by his friends, Dr. Raper, Dr. Minter, Dr. Charlton, Dr. Hoggan, Mr. Hill, and Mr. Wade, the surgeon of the flag-ship *Asia*. These gentlemen had also the advantage of the assistance of Dr. Wiblin, of Southampton, on several occasions; and when the nature of the disease had become fully developed, Mr. Henry Smith, of King's College Hospital, joined them in consultation.

Dr. Sparrow was widely known and much respected. Naturally of a keen and irritable temperament, his faults were on the surface, whilst his virtues were many.

J. T. CONQUEST, M.D., F.L.S.

THIS well-known physician expired a few days since at his country residence, at Shooter's-hill, in his seventy-eighth year. Dr. Conquest some years since retired from the profession, but he had for a long period a very extensive practice as a physician-accoucheur. He lectured for several sessions at St. Bartholomew's Hospital, on Midwifery and the Diseases of Women and Children. He held the appointment of physician to several institutions, and was the author of "Outlines of Midwifery" and "Cases of Tapping in Hydrocephalus terminating successfully."

MEDICAL VACANCIES.

Reigate Union (Northern District)—Medical Officer.
Stockport Infirmary—House-Surgeon.

MEDICAL APPOINTMENTS.

J. BANKART, M.B., F.R.C.S.E., has been appointed Surgeon to the Metropolitan Free Hospital, Devonshire-square, vice G. Borlase Childs, F.R.C.S.E., resigned.

Mr. G. P. BARTON has been appointed Medical Officer for the Lympstone District of St. Thomas's Union, Devon, vice A. Bennie, L.R.C.P.Ed., resigned.

W. BROWN, L.F.P. & S. Glas., has been elected Resident Medical Officer to the Fever Hospital and House of Recovery, Cork-street, Dublin.

ALEX. BRUCE, M.B., F.R.C.S.E., has been appointed Surgeon to the Islington Dispensary, vice H. Summerhayes, M.R.C.S.E., resigned.

S. CHATER, M.R.C.S.E., has been elected Surgeon to the Metropolitan Free Hospital, Devonshire-square, vice J. Hutchinson, F.R.C.S.E., resigned.

H. H. CRUCKNELL, M.B., M.R.C.P.L., has been elected Physician to the Royal Infirmary for Diseases of the Chest, City-road, vice J. Althaus, M.D., resigned.

J. DOUGAN, L.F.P. & S. Glas., has been appointed Medical Officer for District No. 12 of the City Parish of Glasgow, vice J. R. Dickson, M.D., resigned.

G. S. ELLISTON, M.R.C.S.E., has been appointed House-Surgeon and Secretary to the East Suffolk Hospital, Ipswich, vice Ralph Gooding, B.A., M.R.C.S.E., resigned.

Dr. GROTE, L.R.C.P.L., has been appointed Physician to the Islington Dispensary, vice W. H. Witherby, M.D., resigned.

J. LITTLEWOOD, M.R.C.S.E., has been appointed Surgeon to the General Hospital, Nottingham, vice W. Wright, F.R.C.S.E., resigned.

D. C. M'VAIL, L.R.C.P.Ed., has been appointed House-Surgeon to the Alnwick Infirmary, vice A. J. Main, M.D., resigned.

C. H. W. MALAN, C.M., has been appointed Medical Assistant in the Crichton Royal Institution, Dumfries, vice H. G. Stewart, M.D., appointed Medical Superintendent of the Newcastle-upon-Tyne Borough Lunatic Asylum.

A. G. MICKLEY, M.R.C.S.E., has been appointed Resident Surgeon-Apothecary to the General Hospital, Nottingham, vice Littlewood, resigned.

C. READ, M.R.C.S.E., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Bradwell District of the Maldon Union, Essex, vice B. Ringrose, M.R.C.S.E., resigned.

T. A. F. SCOTT, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Knighton District of the Knighton Union, Radnorshire, vice H. Warren, M.R.C.S.E., deceased.

W. STOKES, M.D., has been elected President of the Medical Society of the King and Queen's College of Physicians, Ireland, for 1866-67.

I. TUCKER, M.R.C.S.E., has been appointed Medical Officer for the 1st Division of the 2nd District of the Westbury and Whorwelldown Union, Wilts, vice J. H. Gibbs, M.D., resigned.

Mr. R. W. WILCOX has been appointed Medical Officer for District No. 5 of the Aylesbury Union, vice T. J. E. Brown, M.R.C.S.E.

Births, Marriages, and Deaths.

BIRTHS.

On the 15th of Aug., at Rangoon, British Burmah, the wife of F. Maynard, M.R.C.S.E., of a son.
On the 21st ult., at Musselburgh, the wife of T. R. Scott, M.D., of a son.
On the 21st ult., at Walmer, Kent, the wife of W. G. Ridings, M.R.C.S.E., Surgeon R.N., of a daughter.
On the 22nd ult., at King-square, Bristol, the wife of Dr. Challacombe, of a son.
On the 24th ult., at Rastrick, Yorkshire, the wife of Henry Pritchett, Surgeon, of a son.
On the 25th ult., at Bodmin, Cornwall, the wife of Thos. Q. Couch, M.R.C.S., L.S.A., of a daughter.
On the 28th ult., at Charlotte-square, Edinburgh, the wife of J. M. Duncan, A.M., M.D., of a son.
On the 29th ult., at Pembroke-place, Liverpool, the wife of J. H. Barnes, L.R.C.P.Ed., of a daughter.

MARRIAGES.

On the 11th ult., at Trinity Church, Over Darwen, Thos. Aspinall, L.R.C.P.I., M.R.C.S.E., to Mary, second daughter of Nathaniel Walsh, J.P., of Orchard-bank, Over Darwen.
On the 22rd ult., at Muckamore Church, Hugh S. Kane, M.D., of Antrim, to Ellen, second daughter of the late Edmond Malone, Solicitor, of Antrim.
On the 29th ult., at St John's, Percy Main, near Newcastle, Thomas Wilson, M.R.C.S.E., of Wallsend, to Sarah Hassall, third daughter of the late Dr. Huntley, of Howden.
On the 31st ult., at Rochdale, Christopher Wolston, Esq., of South Parade, Clifton, second son of Richard Walter Wolston, Esq., of Parkham-wood, Brixham, Devon, to Ellen, third daughter of Henry Kelsall, Esq., of the Butts, Rochdale.

DEATHS.

On the 19th ult., at Haddo-terrace, Scarborough, after a short illess, C. Shooter, M.R.C.S., late of Altrincham, and son of the late Rev. Joseph Shooter, Vicar of Bishop Wilton, Yorkshire, aged 31.
On the 22nd ult., at Brighton, R. Duchesne, M.D., of Clifton Lodge, Woodford, Essex, aged 39.
On the 23rd ult., F. J. Dyer, M.R.C.S.E., of Stevenage, aged 42.
On the 25th ult., C. M. Burnett, M.D., of Westbrook House, Alton, aged 59.
On the 26th ult., Ambrose Astle, M.R.C.S.E., of Iron Market, Newcastle-under-Lyne, aged 73.
On the 27th ult., at Portaferry, Co. Down, Alex. Bell Filson, M.D., aged 69.
On the 28th ult., John Thompson, M.D., of Whitehaven, aged 45.

BOOKS ETC. RECEIVED.

Statistical Report of the Health of the Navy for the year 1863.
Rapport sur les Mesures Quarantenaires applicable aux Provenances Cholériques. (Constantinople.)
Dr. H. Day's Clinical Histories.
Transactions of the New Jersey Medical Society.
Dr. Flint on Physical Exploration of the Chest. (Philadelphia.)
Dr. Prince's Orthopædics.
Mr. C. Heath on the Endoscope.
Lancetta Medica Egiziana.
Hardwicke's Science Gossip.
&c. &c. &c.

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To Correspondents.

A Non-Medical Reader.—8 and 9 Vic., cap. 100, sec. 73, enacts, in substance, that in the event of the death or incapacity of the person signing an order for the confinement of another in an asylum, the power of discharge of such lunatic or of his removal should vest in the wife or husband, father or mother, then in the next of kin, or the person making the last payment for the lunatic. Consult a solicitor.

Dr. Balthazar Foster shall receive a private note.

Surgeon.—The dupes *will* be cheated. It is useless to interfere.

DR. RICHARDSON'S APPARATUS.

To the Editor of THE LANCET.

SIR,—I beg to inform your correspondent, "S. E. K.," that the cause of his ether taking fire may be easily explained.

Ether, one of the lightest fluids known, has a vapour of the greatest density; much heavier is it than carbonic acid gas (the weight of which is well known); for while carbonic acid gas is one and a half times heavier than atmospheric air (sp. gr. 1·524), ether vapour is two and a half times heavier (sp. gr. 2·586). A small quantity of ether placed in a bottle is soon converted into vapour, which can then be poured out, and may be *seen* to fall downwards if held in a particular position.

Now I doubt not the candle was held lower than the ether, and the inflammable vapour ran down on to the candle. I suspect the reason of an accident not happening before was that the operations were on the lower jaw, where the light is best thrown from above; but this was on the upper, where one would naturally lower the light to obtain a good view.

"Day-light is best in all operations;" but ether may be used as safely by artificial light as by day, provided the source of light be well raised above the place of operation. A fire is, of course, as dangerous by day as by night.

A light from above answers well in most operations; in extracting teeth from the lower jaw, extremely well. For the upper jaw the light may be reflected into the mouth—by a concave mirror best; by a common looking-glass sufficiently well. Yours truly,

October, 1866. W. B. BURN, M.R.C.S.E.

To the Editor of THE LANCET.

SIR,—Your correspondent's adventure while using Dr. Richardson's ether spray reminds me of an event even more portentous which occurred to myself and a patient some years ago in one of the metropolitan hospitals, to which I was then house-surgeon.

This man was taking compound spirit of ether and other spirituous stimulants freely, and I suppose had recently swallowed a dose when I had occasion to examine the fauces very carefully by candle-light. One hand was engaged in depressing his tongue, the other held the candle close to the patient's lips, when an effort at vomiting, induced by the manipulations, brought up a large volume of gas. Withdrawing my face rapidly to avoid this, I just escaped a burst of flame which shot from his mouth to a distance of eighteen inches or more, startling the pair of us and the attendant most considerably. Finding the patient no worse, I laughed heartily; but he did not seem to see the joke, and declined any further experiment for that evening.

To utilise this, it is worth knowing that illumination of any part of the mouth may be more conveniently and perfectly effected by reflection from a concave mirror, such as is used for laryngoscopic or ophthalmoscopic purposes, than by direct light, whether natural or artificial. Examinations can also by this means be easily made in the recumbent posture, a matter sometimes of some importance. Yours, &c.,

October, 1866. W. H. B.

THE papers of *Dr. Mackinlay*, *Mr. J. Harold Fenn*, and *Mr. E. Y. Bolton*, Assistant-Surgeon, shall be inserted on an early occasion.

An Old Subscriber is referred to our Reviews in the present number.

THE PROFESSION OF MEDICINE IN THE NAVY.

To the Editor of THE LANCET.

SIR,—In the *Army and Navy Gazette* of the 6th October there is published a document indirectly of importance to the medical profession, and therefore I will ask you to allow its principal features to be made known in your widely circulated columns. It professes to have been transmitted to the Admiralty with "the earnest hope that their Lordships may be pleased, at an early period, to grant the request of the paymasters of the navy, as set forth therein."

I disclaim at once all intention to criticise the claims thus set forth by another class of officers, except so far as to show to the medical profession the moderate nature of those urged by the naval medical men when compared therewith; and my remarks shall be so directed, because from such evidence it is to be inferred that, by civilian officers, even when educated in the navy, much is required to compensate for the disadvantages of life on board ship, and that medical men do not take an extravagant view of their necessities.

Entering on this subject, it is necessary to take a survey of the main differences of these two branches of the service.

The medical officer enters as a legally registered medical practitioner, owing nothing to the State. At twenty-two years of age he enters the navy, having supported himself while educating for his profession, and, unless exceptionally lucky, he serves until he is thirty-two years of age before promotion to the rank of surgeon.

The commissariat officer, on the other hand, enters at fifteen years of age, receives his professional education on board ship, with pay after the first year sufficient to maintain him as a member of the midshipmen's mess. At twenty-one years of age he is eligible to pass for assistant-paymaster, to which he is promoted on passing; and as the Navy List shows that eight years is the maximum seniority in that rank, it is certain that twenty-nine years is the ordinary age of promotion to the rank of paymaster.

In what follows it will be necessary to remember these points of age—Surgeon, thirty-two years of age; paymaster, twenty-nine years of age, when promoted,—as from these ages we must date the conditions of advancing rank, pay, half pay, and retirement in the subsequent careers of these officers.

To simplify the comparison, it may be assumed in both cases that there is no interruption of full-pay service, and that the officers get along with equal steps to the age of retirement, without inroads of half pay, which occurs rarely, moreover, in either case. I shall do this with confidence, as thereby the advantage is given to the commissarint officer whenever he counts by seniority against the medical officer's full-pay service, and therefore it is not unjust to him to do so.

Medical Branch, by Warrant of 12th July, 1866.

RANK.

Surgeons on promotion, at 32 years of age, as Majors.

Staff Surgeons (10 years' Surgeon's service), junior to Lieut.-Colonels.

Deputy Inspectors-General, above 5 years' service, with Colonels.

Inspectors-General, with Commodores and with Rear-Admirals.

FULL PAY.

Surgeons and Staff Surgeons.

				Per an.
32 years of age, on promotion				£328 10
36	"	4 years' service,	365	0
40	"	8 "	401	10
44	"	12 "	456	5

HALF PAY.

			Per diem.
32 years of age, on promotion,			11s. 0d.
37	"	5 years' service,	13s. 6d.
42	"	10 "	16s. 6d.
47	"	15 "	18s. 6d.
Deputy Inspectors-General, on promotion...			... 21s. 0d.
After 25 years' service			... 22s. 6d.
" 30	"		

RETIREMENT.

Assistant-Surgeon's Time Counting.

No consideration for state of health before 25 years' service has been completed.

After 20 years' service, irrespective of age, optional, on five-tenths of full pay.

After 25 years' service, irrespective of age, in bad health, on medical survey, 30s. a day.

After 25 years' service, and at 60 years of age, 20s. a day.

Deputy Inspectors-General, on promotion... ... ... 21s. 0d. a day.

After 25 years' service, 22s. 6d. "

" 30 " 25s. 6d. "

Paymasters' Requisitions.

RANK.

Paymasters, on promotion at 29 years of age, as Majors.

Paymasters of 15 years' standing, regardless of service, with Lieut.-Colonels.

Ditto of 20 years' seniority, with Colonels.

An active-list of Paymasters-in-Chief, with such pay, duties, and relative rank as may be laid down by the Lords Commissioners of the Admiralty.

FULL PAY.

Paymasters.

				Per an.
29 years of age, on promotion...				£300
32	"	3 years' service...		350
35	"	6 "	...	425
38	"	9 "	...	500
41	"	12 "	...	600

HALF PAY.

			Per diem.
29 years of age, on promotion,			7s. 6d.
30	"	1 year's service,	9s. 0d.
32	"	3 "	10s. 6d.
34	"	5 "	12s. 0d.
36	"	7 "	13s. 6d.
38	"	9 "	15s. 0d.
40	"	11 "	16s. 6d.
42	"	13 "	18s. 0d.
44	"	15 "	19s. 6d.
46	"	17 "	21s. 0d.
49	"	20 "	23s. 0d.

RETIREMENT.

Assistant-Paymaster's Time Counting.

If retired on medical survey, 2s. per day in addition to the half pay earned on the above scale.

After 20 years' service, irrespective of age, optional retirement on the half pay earned.

After 20 years' service, and 50 years of age, 2s. a day in addition to the half pay earned.

After 25 years' service, and 55 years of age, 3s. 6d. a day in addition to the half pay earned on the above scale.

The paymasters request further that "honorary distinctions, Greenwich Hospital pensions, Crown-land grants, prize-money, lodging and travelling allowances, compensation for loss of clothing, &c., be granted according to the scale now allowed to officers of corresponding rank of the military branch."

After these requisitions, there remains no doubt that this important civilian branch of the navy, in asking thus for rank, full pay, half pay, retirement, &c., beyond what the medical officers have received by their late Warrant, would not be satisfied with equal concessions. They feel, as we do, where the shoe pinches, and they, as financiers, declare the inadequacy of naval pay to support establishments at home and afloat, as well as the impossibility of providing for a family on the "retirement" allowed. They have dispassionately preferred their claims, and proposed remedies with this premiss, that "the principal cause of their grievances is the overcrowding of the junior branches by the *excess of entry*," thus testifying that the unpopularity which prevents candidates offering for the medical branch is not felt towards their own branch of the service as at present established.

If any proof were wanting to strengthen the conclusion that you, Mr. Editor, arrived at at first, that modifications are required in the late Warrant to adapt it to the wants of the service, so as to render it attractive to young medical practitioners, it will, I consider, be found in the facts here adduced, which will also serve to exonerate, I trust, naval medical officers from suspicion of the want of moderation in their views of what is due to their position. I am, Sir, faithfully yours,

October, 1866. A SURGEON IN THE NAVY.

M.D.—The charge is very moderate, and ought not for an instant to be called in question.

Dr. Bird's (Liverpool) report shall receive attention.

TREATMENT OF HERPES ZOSTER.

To the Editor of THE LANCET.

SIR,—Your correspondent, "Medicus," will find the local application of tincture of arnica (two drachms to six ounces of water), along with the internal administration of sulphate of quinine in large doses, the best remedy to remove the burning pain which accompanies and continues after the eruption of herpes zoster has disappeared. It has always been successful in the cases I have treated, and I shall be glad to hear that it has proved so in his hands. Yours, &c.,

Stockton-on-Tees, October 30th, 1866. JOHN PARQUHARSON.

Argument.—Yes, hair lost from the scalp (or from the face or pubes) by syphilis *will* return. We have seen many instances of this, especially in patients under the age of thirty. A stimulating lotion is useful; but a pretty certain means of ensuring the regeneration just alluded to is afforded by shaving the scalp and following a regular hydrargyric treatment.

Medicus, (Manchester.)—Apply to the Secretary, Royal United Service Institution, Whitehall.

NOISES IN THE EARS.

To the Editor of THE LANCET.

SIR,—Referring to a communication in your journal of last week from "T. J., M.D.," I myself sent some time since a similar request to your readers, hoping that some relief was obtainable; but no response was given. It is sad that this awful and distressing affliction meets with so little notice.

I have suffered thus myself for two years, night and day, without a vestige of relief from any source, except drinking hot spirits-and-water; finding from bitter experience that leeching, blistering, catheterism, iodine air-press baths, and internal agents were alike futile and useless.

Permit me in the interest of those suffering to make two suggestions. Could Dr. Richardson's local anæsthetic agent be made available? Apart from risk, could not an instrument be devised for puncturing the membrana tympani, and through this opening to break up the false bands and adhesions in the tympanum? For I am well convinced of these being the cause of the misery.

I earnestly trust that these remarks may induce others to give their experience. I am, Sir, your obedient servant,

October, 1866. CHIRURGUS.

To the Editor of THE LANCET.

SIR,—"T. J., M.D.," would do well to try the bromide of potassium (properly diluted) in ten-grain doses three times a day, and to syringe the ears with a lotion containing two or three grains to the ounce of sulphate of zinc.

I am, Sir, your obedient servant,

Littleport, October 31st, 1866. D. MACKINTOSH, M.D.

A. K. C.—It entirely depends upon the arrangements that are made by the practitioner to carry on his business. As a rule, it may be stated that it is better he should dispense his own medicine.

Mr. Sydney Jones.—Thanks.

X. Y. Z.—1. Yes, any duly qualified and respectable medical practitioner is eligible to become a member.—2. To T. W. Williams, Esq., 12, Newhall-street, Birmingham.

W. M.—1. Such a stoppage can only be very temporary. In the act of gargling such a stoppage takes place.—2. He would inspire through the nostrils.

THE LATE DR. BARLOW.

To the Editor of THE LANCET.

SIR,—To all who had the privilege of intimate acquaintance with the late Dr. Barlow, each line of your obituary will commend itself as true; but the whole truth is not declared, while the Christian philosopher and gentleman receives only that cold tribute which might be paid to Roman or academic virtue.

"The white flower of a blameless life" did indeed beautifully display "the meekness and gentleness of Christ," which so thoroughly imbued the life and character of Dr. Barlow, that all were constrained to acknowledge "the simplicity and godly sincerity of his conversation in the world," where his light has shone brightly to the last, and should yet remain a beacon for faithful followers of Him who "went about doing good, healing those who had need of healing." Faithfully yours,

Woburn, October 28th, 1866. H. VEASEY.

Decus.—A member of the College of Surgeons can recover in a court of law for attendance and medicines supplied in a surgical case. The attendance in the case mentioned was surgical.

THE RICHARDSON TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—The Honorary Secretaries to the Richardson Testimonial Fund have made a mistake. The list published in your advertising columns of the 27th instant should have been given in *alphabetical* order, not in a sliding financial scale. The man who gives his guinea or half-guinea in admiration of Dr. Richardson's merit, does what his means allow. He should not be singled out and held up as a guinea or half-guinea man, in contradistinction to the top names against which big figures are placed. The next subscription that is proposed I shall not lay myself open to the world with my poor guinea, but keep it in my pocket. Yours truly,

October 20th, 1866. F.R.C.S.

O. P. Q.—It is the duty of every dispenser and maker of medicines to abide by the rules laid down in the Pharmacopœia of the country in which he resides.

THE report of *Dr. Reid* (Pembroke) shall be inserted.

POOR-LAW SURGEONS: MIDWIFERY FEES.

To the Editor of THE LANCET.

SIR,—I desire, through the medium of your journal, to elicit from the Poor-law medical officers of workhouses the usual custom with regard to payment for midwifery in the union hospitals under their care. I have been lately appointed to the medical charge of a union house, and the Board of Guardians inform me that they will not pay for "confinements in the house." For a period of fifteen years, during which my predecessor held the office, they have paid the usual fees, and they now seek to discontinue the liability.

I should be glad to have some account of the custom ruling such matters in other unions; also to know to what extent the relieving officer of the poor can give orders for the medical attendance of labouring men in the district.

Your obedient servant,

October, 1866. A LATELY APPOINTED UNION MEDICAL OFFICER.

Alpha's case is by no means uncommon. It arises from excessive nervous excitement, produced by fear and want of confidence. Our correspondent should consult a medical man.

Mr. R. S. Davison.—There was no contract to pay made on the part of the mistress; consequently no claim could be enforced at law.

C. M. B.—Next week.

Rusticus.—Usually one qualification is necessary; but the rules of the Society must be referred to for a more specific answer.

John, (Winchester.)—The work of Mr. Edward Mayhew, published by Allen and Co., Waterloo-place.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Humphry, Cambridge; Dr. G. Johnson; Mr. Chater; Mr. Taylor, Saltburn-by-the-Sea; Mr. Baker; Mr. H. Veasey, Woburn; Mr. Burn; Dr. Reid, Pembroke; Dr. Filson, Portaferry; Mr. S. Ball; Mr. Bird, Leicester; Mr. Dearden; Mr. Rush; Dr. Burton; Mr. Davison; Dr. Yarick, New Jersey; Mr. Couch; Mr. Wells; Mr. Wallis, Lichfield; Dr. Porter, Akola; Mr. Stephenson, Newcastle; Mr. Eccles; Mr. Hutchins; Mr. Edwards; Rev. R. Pritchard; Dr. Barker, Worthing; Mr. Collins; Mr. Williams; Mr. Roby; Mr. Munro; Mr. Stewart; Mr. Sydney Jones; Dr. Bird, Bootle; Mr. D'Arcy, Kingston; Mr. D. Freeman, King's Sutton; Mr. Robins, Lichfield; Mr. Richards; Dr. King; Mr. Cunningham, Middlesborough; Mr. Hemming; Mr. Tinsley; Mr. Harvey; Mr. J. Smith; Dr. Whalley; Dr. Scott, Ben Rhydding; Dr. Best, Ashford; Mr. Wilkins, Athlone; Mr. Gale; Mr. Fenn, Nayland; Dr. MacNab; Mr. Drury; Mr. Boulton, Maidstone; Dr. Rae; Mr. Collier; Mr. Dent; Dr. Farquharson, Stockton; Mr. Pritchett, Rastrick; Dr. Stone; Dr. Mackintosh, Littleport; Dr. Goodeve; Dr. Mackinlay; Dr. Greenhill, Hastings; Mr. Towers; Mr. Martin; Mr. Bridge; Mr. Grant, Dearham; Mr. Reade; Mr. Halley, Burton; Mr. Kelsey; Mr. Budge; Mr. Heywood; Mr. Keate, Carlisle; Mr. White; Dr. Corner; Mr. Down; Mr. M'Pherson; Dr. Gándara, Quito; Mr. Green; Mr. M'Dermott; Mr. Ewin; Mr. Pollard; Mr. S. E. Solly; Anti-Humbug; W. M., Manchester; W. H. B.; Curiosus; A Civil Surgeon; Epsilon; R.N.; Ethnological Society; G. W.; Omega; Royal Institution of British Architects; A. B; One of the Profession; A Subscriber; Medicus; &c. &c.

THE *Tower Hamlets Express*, the *Glasgow Herald*, the *Birmingham Journal*, the *Shrewsbury Chronicle*, the *Liverpool Daily Post*, the *South London Press*, and the *Newcastle Daily Journal* have been received.

Medical Diary of the Week.

Monday, Nov. 5.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.

Tuesday, Nov. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M.
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Prof. Huxley, "On the Skull of a Patagonian."—Mr. J. Crawfurd, "On the History and Migration of Cultivated Fruits in reference to Ethnology."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Nov. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 3 P.M.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Braxton Hicks, "On the Pathology of Puerperal Eclampsia."—Dr. Madge, "On the Relations of the Mother and Fœtus."—Dr. Shortt, "On Criminal Abortion;" and other papers.

Thursday, Nov. 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Friday, Nov. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, Nov. 10.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

BURGUNDY WINES. — It being established beyond question, and

daily confirmed in the practical experience of many eminent Members of the Medical Profession, that the use of Burgundy Wines is of the greatest advantage and benefit to a great variety of Invalids, as well as that they are the most saintary and enjoyable Wines for daily use by the brain-working community, it should only be necessary to indicate a pure source, and the class of Wines that are best adapted to the climate of England.

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Macon and Beaune, 30s., 36s., 42s.; St. George, 42s.; Chambertin, 60s., 72s.; Côte Rôtie, 60s., 72s., 84s.; Corton, Nuits, Romanée, Clos-de-Vougeôt, &c.; Chablis, 24s., 30s., 36s., 42s., 48s.; Montrachet and St. Peray, sparkling Burgundy, &c.

HOCK.

Light Dinner Hock, 24s., 30s.; Nierstein, 36s., 42s.; Hochheimer, 48s., 60s., 72s.; Liebfraumilch, 60s., 72s.; Johannesberger and Steinberger, 72s., 84s., to 120s.

MOSELLE.

Still Moselle, 24s., 30s.; Zeltinger, 36s., 42s. Brauneberger, 42s., 60s.; Muscatel, 60s., 72s.; Scharzberg, 72s., 84s.; sparkling Moselle, 48s., 60s., 66s., 78s.

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LIVERPOOL—S. H. Lloyd, 18, Union-street.

MANCHESTER—Jewsbury & Brown, 113, Market-street.

BATH—Davies, Jameson, and Co., 15, Old Bond-street.

BRISTOL—Edwin Wheeler, 31, Triangle, Queen's-road; Ferris, Townsend, Lamotte, and Bourne, 4 & 5, Union-street.

DUBLIN—G. Oldham & Co., 107, Grafton-street, and 64, Dame-street.

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